

The background of the cover is a photograph of classical columns, likely from a government building, rendered in a blue-tinted, slightly grainy style. The columns are fluted and have ornate capitals. The perspective is looking up at the columns, creating a sense of height and grandeur. The text is overlaid on this background.

**9th EDITION**

**RISK MANAGEMENT**

# **HANDBOOK**

***ALABAMA DEPARTMENT OF FINANCE  
DIVISION OF RISK MANAGEMENT***







# **State of Alabama Finance Department Division of Risk Management 9th Edition Handbook**









# PREFACE

The purpose of this handbook is to inform our clients of the services of the Division of Risk Management.

Inside, you will find details of the various DORM programs and how to use them. Our intention is to make DORM services easily available.

Please feel free to copy and distribute this Handbook as needed or print from our web site at <http://www.riskmgt.state.al.us>.

Our quarterly newsletter, Wise Words, is also accessible on our web page. If you are interested in receiving this publication via e-mail, please send your name and e-mail address to [riskinfo@riskmgt.alabama.gov](mailto:riskinfo@riskmgt.alabama.gov).







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# *Table of Contents*

INTRODUCTION . . . . .	2
BACKGROUND . . . . .	2
RISK MANAGEMENT FUNDAMENTALS. . . . .	3
Risk Management vs. Insurance . . . . .	3
Types of Risks . . . . .	3
Tools of Risk Management. . . . .	4
USING RISK MANAGEMENT SERVICES . . . . .	6
Problems and Questions. . . . .	6
When Insurance is Needed. . . . .	6
Significant Activities . . . . .	6
Losses & Emergencies . . . . .	6
STATE INSURANCE FUND . . . . .	7
Survey of Property . . . . .	7
Certification of Properties . . . . .	8
Schedule of Properties . . . . .	8
Requesting Coverage . . . . .	8
Available Coverage. . . . .	9
Special Deductible Endorsement. . . . .	11
Fabric Canopies and Awnings Endorsement. . . . .	11
Miscellaneous Property Coverage Endorsement . . . . .	12
Boiler & Machinery Equipment Coverage . . . . .	12
Automatic Sprinkler Systems . . . . .	13
Individual Risk Premium Modification (IRPM) . . . . .	13
Building Programs . . . . .	14
Reporting Property Claims . . . . .	16
Frequently Asked Questions . . . . .	16




GENERAL LIABILITY TRUST FUND . . . . .	19
Requesting Coverage . . . . .	19
Certification of Employees . . . . .	19
Schedule of Employees. . . . .	20
Liability Index . . . . .	20
Certification of Watercraft. . . . .	20
Reporting General Liability Claims . . . . .	20
Litigation Management Guidelines. . . . .	22
Frequently Asked Questions . . . . .	24
AUTOMOBILE COVERAGE . . . . .	27
Liability Program . . . . .	27
Coverage . . . . .	27
Program Administration. . . . .	28
Certification . . . . .	28
Reporting Automobile Claims. . . . .	29
Physical Damage Program . . . . .	30
“Open Lot” Coverage Plan . . . . .	30
Frequently Asked Questions . . . . .	31
STATE EMPLOYEE INJURY COMPENSATION TRUST FUND . . . . .	33
Program Summary . . . . .	33
The Role of the Program Coordinator . . . . .	35
Making A Claim . . . . .	35
Preferred Provider Network . . . . .	37
SEICTF Employee Election Options. . . . .	37
Dispute Resolution. . . . .	38
Frequently Asked Questions . . . . .	38




POLICY MANAGEMENT . . . . .	40
Function. . . . .	40
Flood Insurance . . . . .	40
Blanket Fidelity and Dishonesty Bond . . . . .	41
Civil and Criminal Prosecution . . . . .	41
Risk Control . . . . .	41
After a Loss . . . . .	42
Frequently Asked Questions . . . . .	42
LOSS CONTROL . . . . .	44
EMPLOYEE ASSISTANCE PROGRAM . . . . .	46
STATE EQUIPMENT MAINTENANCE PROGRAM . . . . .	48
Program Summary . . . . .	48
Replacing or Retiring Equipment? . . . . .	49
Summary of Important Provisions . . . . .	50
Data Management . . . . .	51
EMP Key Staff . . . . .	52
Frequently Asked Questions . . . . .	52
APPENDIX . . . . .	55
Certificate of Vehicle Insurance. . . . .	A-1
Evidence of Property Insurance . . . . .	A-2
Property Loss Notice . . . . .	A-3
Self-Inspection Report and Property Insurance Request . . . . .	A-4
Employer's First Report of Injury . . . . .	A-5
Employee Election for Lost Time Benefits. . . . .	A-6
Authorization for Initial Treatment. . . . .	A-7
Contract Employees – Automobile Coverage Validation . . . . .	A-8





Automobile Loss Notice . . . . .	A-9
Proposal to File or Defend Civil Action . . . . .	A-10
Proposal to Settle Civil Action . . . . .	A-11
Attorney Status Report. . . . .	A-12
Employee Assistance Program Referral Form . . . . .	A-13
Equipment Maintenance Program Procedures . . . . .	A-14
REMI Group Endorsement Request Form . . . . .	A-15





# *Mission*

*T*he mission of the Division of Risk Management is to fulfill its obligations efficiently and professionally so that the State of Alabama meets minimum financial harm from the conduct of governmental activity. Programs and practices will be developed and administered that assist every state agency in identifying, measuring, and controlling risk. The cost of programs will be equitably allocated. State agencies will be treated as customers in a cheerful, professionally competent manner, and the services of the division will be highly valued by its client agencies.



# *Introduction*

Effective risk management by state government is essential. Rising inflation, erosion of governmental immunity, constant increases in medical care costs, escalating insurance premiums, and a claims-conscious public all demand effective programs to both reduce exposure to loss and to control the cost of loss.

It is the responsibility of directors, managers, or supervisors of state programs, personnel and property to:

- Protect the state's assets;
- Ensure a safe environment for state employees and for the people who come into contact with state employees or property as services are provided;
- Minimize the possible interruption of vital public services;
- Assure that all exposures to financial loss are discovered and handled appropriately;
- Reduce the costs and consequences of accidents, including insurance premiums, through effective safety management.

The Division of Risk Management was created to assist in this endeavor. ■

# *Background*

The Division of Risk Management (DORM) was created by an act of the Legislature in 1990. The Division administers the State Insurance Fund, General Liability Trust Fund, the State Employee Injury Compensation Trust Fund, the State Employee Assistance Program and the Equipment Maintenance Program. DORM also manages insurance coverage of various departments of state government that require commercially provided insurance and provides risk management guidance on risk issues affecting the State of Alabama.

Managing insurance coverage includes assistance to agencies in securing, underwriting, pricing, billing, and claims handling. Coverage for various departments of state government may be authorized or required by statute, federal regulation or by lease agreements.

Within the context of the above, major functions of DORM are:

- Establishing adequate and secure coverage for exposure to loss at minimum cost.
- Administering equitable cost allocation for coverage for its clients.
- Assuring that claims are promptly and fairly paid.
- Promoting safe practices to protect life and property.



# *Risk Management Fundamentals*

## **Risk Management vs. Insurance**

Risk Management is the process of identifying, controlling and treating risks of all kinds—from accidents, fires, and thefts to equipment breakdowns and liability suits. Insurance is one tool of risk management, whereby exposure to loss is transferred to an insurer, reducing or eliminating the financial impact of loss for a fixed advance cost.

## **Types Of Risks**

State directors, managers, and supervisory personnel should be aware that loss can occur as a result of (1) damage to property, (2) loss of property, (3) loss of income or increased costs because of damage to or loss of property, (4) liability to others as a result of injury to persons or property, and (5) medical costs, lost time and disability or death from job-incurred injury to employees. These five main types of risks are not mutually exclusive; they are interrelated. Many accidents and claims involve losses in several risk areas.

(1) Damage to Property. Accidental loss or damage can occur to both real and personal property. Real property (property which cannot be moved) includes state-owned buildings, parks, swimming pools, boilers and heavy machinery. Personal property includes motorized equipment (not licensed for road use), supplies and movable capital items such as desks, chairs, typewriters and tools. Property damage may result from a number of perils, such as freeze, water damage, lightning, and fire. Human carelessness is often a contributing factor in the occurrence of losses that cause damage to property.

(2) Loss of Property. Losing property - especially money - is another risk. Dishonest acts of state employees or private citizens may result in burglary, robbery, or embezzlement. In addition to cash, other items that may be stolen include incoming checks, valuable papers, securities, furniture, office equipment, supplies and tools.

(3) Loss of Income or Increased Costs. This risk of loss is often overlooked. Many state agencies operate revenue-producing facilities. Stadiums, gymnasiums, and lodges are examples. If these facilities are destroyed or damaged there may be a significant loss of income. Increased costs might include costs such as training replacements, overtime, extra supervision, reports and clerical time.

(4) Liability to Others. The risk of liability claims resulting from injuries to persons and damage to their property is one of the most serious loss exposures faced by the state and, individually, by its employees. A private citizen or firm may claim a loss because of adverse action by the state. Claims may arise out of intentional or unintentional torts (wrongful acts) or from contractual liabilities.

A tort can result in a wide variety of ways. For example, injury or damage may occur because of negligent actions of state employees and elected officials (e.g., automobile accidents, false arrest, libel, and unintentional discrimination), because of the dangerous condition of state property, or because of professional malpractice. Sometimes failure to act in certain situations can create a tort.



Potential liability also exists under a wide variety of transactions including purchase orders, bond agreements, easements, leases, construction contracts and service contracts.

(5) Job-incurred injury. A major risk to the state, largely controllable, is job-incurred injury. Human costs are not measurable. Financial costs arise from medical care, disability (short and long term), rehabilitation, and death. Additional costs which are difficult to measure, arise from lowered morale and reduced productivity of employees.

## Tools Of Risk Management

Avoidance. Risk may be avoided by refusing to assume it or by following a course of action that eliminates risk. This is often unrealistic, so managers must use other risk treatment techniques. Obviously, it is not always possible to completely avoid risks, but the possibility should never be overlooked.

Retention. The decision may be to retain a risk even though other methods of handling the risk are available. For example, the state currently self-insures property (retains risk) even though commercial insurance is available because this method of handling the risk is more efficient and economical.

Transfer. If a risk cannot be avoided it can often be transferred to others. One common way to transfer risk of unpredictable loss is through the purchase of insurance, which creates a process by which funding needs can be anticipated and properly budgeted.

Governmental entities enter into numerous contracts for services that expose them to third-party claims for bodily injury or property damage. Example of such contracts include construction, school busing, waste removal, professional services, leases, and delivered supplies.

Risk reduction, loss prevention and loss reduction. When the risk cannot be avoided, it often can be reduced and severity of losses minimized. For example, fire-resistant construction reduces the chances of a loss occurring and automatic sprinkler systems reduce the severity of fire losses.

Loss prevention and loss reduction are primary responsibilities of management. The managers of state resources and personnel must see that safety and security considerations are recognized and that loss control procedures are initiated and observed. These responsibilities cannot be delegated.

Safety will only have priority if the manager establishes that priority. The interest and participation of employees in safety, as in any program, will depend largely upon management's interest and commitment. When Managers act to control loss by word or action, others will follow their lead.

Security needs ever vigilant attention. Valuable equipment and material must be secured. Duplicate copies of valuable records should be made and stored separately. Areas open to the public should be under surveillance at all times if there is significant loss potential.

To assist State agencies in their loss prevention efforts, DORM Loss Control Specialists conduct periodic surveys of insured state facilities and produce written reports of their findings. These reports are reviewed by the Division of Risk Management and provided to



the affected agencies. Agencies receiving these reports should review them carefully and work with the Division of Risk Management to alleviate any dangerous conditions cited.

In addition, you can request inspections by the State Fire Marshal and local community fire inspectors to help reduce fire hazards. Many large facilities have fire and safety supervisors or safety coordinators who can be of great assistance in protecting state assets. Use all of the resources that are available.



# *Using Risk Management Services*

## Problems and Questions

When a problem arises in your agency and you are concerned about what risk management tool to use in what way, first contact the Division of Risk Management. The problem may have already been addressed elsewhere in the state. You may avoid duplication of effort and cost.

## When Insurance is needed

Any department or agency with special risks that it feels should be insured should discuss the exposure with DORM. If insurance appears to be the best way of managing a risk, Risk Management will assist in preparing accurate bid specifications. The agency will be asked to provide an authority as a basis for purchasing the coverage.

## Significant Activities

Keep in touch. The Division of Risk Management should be contacted regarding:

- Contracts which might have insurance or liability ramifications, including construction contracts, maintenance contracts, building leases, service contracts, equipment and auto leases.
- Any significant addition to, or reduction in, values of property. This would include additions or deletions to vehicle fleets, construction or demolition of physical property, revised valuations, etc. Don't wait for the annual certification. There could be a severe loss in the meantime without adequate coverage.
- Any new project which either involves fire loss potential or public liability potential.
- State property which you lease to someone. We will need tenant's name and type of business being conducted in the leased area. Should the occupancy change during the year, please notify DORM immediately.

## Losses & Emergencies

Any emergency loss should be promptly communicated to the Division of Risk Management, including:

- A fatality or multiple injury situation involving the State of Alabama and relating to state operations, facilities, equipment or vehicles.
- A property loss including loss or damage to the building and/or contents.
- Events that may lead to a liability lawsuit or claim. ***Do not wait for the lawsuit to arrive.*** ■



# *State Insurance Fund*

The State Insurance Fund was established in 1923 to insure state owned properties, K-12 systems and state university properties. The Fund operates much like an insurance company - establishing premiums based on loss exposure, issuing coverage documents, and paying for losses.

## **SURVEY OF PROPERTY**

All properties insured by the State Insurance Fund are surveyed to determine condition, correctable hazards and value. The appropriate official of the insured will be contacted to briefly outline the purpose and procedure for the survey. A DORM Loss Control Specialist will then physically inspect, measure, value, and photograph each building/structure. It is important that access be given to each building and any available blueprints. The specialist will provide the appropriate official a weekly summary of survey work until the work is complete. At completion of the survey, the specialist will make recommendations for corrective actions. The insured should provide a status on recommended actions within thirty days.

The recommendations made by the Loss Control Specialists are placed in one of the following action categories. Representative specific recommendations are listed.

### 1. Mandatory

- a. Fire suppression system in kitchen with automatic fuel cut off
- b. No egress blocked
- c. Paint, flammables, and combustibles stored properly
- d. No high voltage equipment exposed
- e. Fire alarm systems in place and operable
- f. Smoke detectors in sleeping areas
- g. No combustibles near gas heater or pilot light
- h. Effective dust collecting system shall be connected to all wood working machines with appreciable amounts of refuse
- i. All outside exit doors that general public uses must have panic hardware doors
- j. Labs: Gas emergency cut off
- k. Provide adequate fire extinguishers

### 2. Requiring Immediate Attention

- a. Improve housekeeping
- b. Review insured building and contents value
- c. Make necessary repairs



### 3. Future Renovation

- a. Replace fuse box with breaker box

## CERTIFICATION OF PROPERTIES

Pursuant to §41-15-4(b), Code of Alabama 1975, “the officer or person having charge by law of insuring any public building shall annually certify to the Department of Finance the description and value of all buildings and equipment under his supervision or control on forms prescribed by the department for the purpose of showing the character of the risk and determining the rate of premium. No coverage shall be issued unless such certificate is on file in the office of the Department of Finance or the Director has waived, in writing, the filing of the same.”

Property Certifications are mailed in April of each year. The Insured is requested to review the list of properties, make changes, deletions, or additions, and return the certification to DORM. The Certifications must be returned to DORM prior to June 30.

The Insured should make valuation changes for insured property to be sure the insurance to value is at least 80% as required by law. For example, a \$1,000,000 building insured for \$800,000 equals 80% insurance to value. Buildings insured for Replacement Cost Value (RCV) must be insured at 100%. Coverage will be capped at 115% effective October 1, 2006.

**Significant value changes.** Whenever the certification process uncovers the need for significantly larger amounts of insurance, the insured should request the SIF to increase the amount of insurance immediately. Do not wait for the October 1 renewal date.

## SCHEDULE OF PROPERTIES

The Property Schedule is the official listing of all property insured for the fiscal year. Changes certified by the insured are included. The schedule is mailed to each insured just prior to October 1 of each year. The Property Schedule is an important document, and the insured should keep it with other insurance records. Any changes during the year should be reported to Risk Management in writing. An endorsement to the Schedule will be produced and mailed reflecting these changes. Each property is identified by agency, division, location, name of the building, item number, type of construction, year constructed, percent of insurance, building value, building insured value, contents insured value, and premium before and after discounts.

Remember, *all* new or increased values must be reported to the Division of Risk Management for proper coverage.

## REQUESTING COVERAGE

Requests for coverage on property can be made by telephone. However, the telephone request must be confirmed in writing or by fax along with a properly completed Self-Inspection Report & Property Insurance Request. Note: You can now go to our website, download this form, and then complete it on your screen. When it is completed you can then fax or mail it to us to initiate coverage. It is important that the name and occupancy



of the building be listed on the “Building Name” line. For example, John Doe High School, Smith Hall, contains the gym, cafeteria and classrooms. The information provided is used to establish a tentative rate for premium until the property can be surveyed. A survey will be carried out as soon as a surveyor can be scheduled in your area.

See appendix for a checklist you can use to confirm coverage request.

## AVAILABLE COVERAGE

In addition to basic Actual Cash Value scheduled insurance, SIF provides these coverages:

### Replacement Cost Value (RCV)

Replacement cost insurance may be provided to an agency provided all owned buildings and contents are insured at 100% of their replacement cost, as established by DORM. These values must be agreed to by the State Insurance Fund and the insuring agency. A blanket average rate will allow full replacement cost coverage of like kind and quality. Coverage will be capped at 115% effective October 1, 2006. Insurance on properties will automatically increase each year to keep pace with inflation.

DORM encourages Replacement Cost Value coverage to avoid the insured having to fund the difference between depreciated value and replacement value when a loss occurs.

### Builders Risk Coverage (RSK)

From time to time many of you require insurance on buildings in the course of construction.

There are two fundamental situations you will encounter when a new building is being constructed or an addition is being added to an existing building.

- a. **The SIF Insured is managing the construction.** In this instance there will normally not be a general contractor involved, although sub-contractors may be engaged for various elements of the project. The State Insurance Fund will normally provide the Builders Risk Insurance to cover the building under construction as well as on-site building materials. At the time of project completion, upon your advice we will integrate the insurance into your permanent insurance program.

SIF will not amend its form to cover the interest of sub-contractors. SIF will also not waive its subrogation rights as they apply to any entity, including sub-contractors. Subs normally carry liability insurance that protects them adequately, although you should assure that they do by asking to be named as an additional insured.

Contracts that you negotiate for construction, where you are managing the job, should include consideration of the above comments, and therefore, should not agree to provide insurance covering the interest of others.

- b. **The construction has been assigned to a general contractor under written contract.**

Normally, in this instance, the general contractor will also engage sub-contractors.



The State Insurance Fund **will not** provide the Builders Risk Coverage for this situation, because:

- The ownership interest in the property is primarily that of the general contractor until the construction is complete and the owner takes possession. Therefore, the SIF statute and SIF regulations provide for only marginal involvement.
- The project and all activities surrounding the construction process are under the control of the general contractor. The SIF insured does not control job-site activities.

The contract for building construction should not provide for the SIF insured to arrange insurance; rather the general contractor should have that contractual obligation. Further, even though the financial interest of the SIF insured may be nominal or non-existent, the insurance should cover the interest of the owner, via being named as additional insured and furnishing a certificate of insurance. The contract should not agree to any waiver of rights against the contractor or sub-contractors should there be damage to the property.

These procedures are somewhat at variance with past practices of SIF, when we have sometimes insured under the second situation outlined. The reinsurance terms under which the SIF operates, as well as current operating practices, require that we respond to insurance needs for buildings in the course of construction as outlined.

Important: Limits of liability must be job specific on large projects, \$1,000,000 and up, and limits should be as high as the building value.

Call 334-223-6120 if you have a question.

## **Electronic Data Processing Coverage (EDP)**

Computers and associated electronic equipment, interconnecting cables, media and data restoration costs can be insured on a “replacement value” (up to 115% limit effective October 1, 2006) basis by using our EDP endorsement. In the past, this equipment has been insured as contents and coverage was very limited. DORM encourages insureds with substantial EDP values to insure on this basis. The cost differential is minimal.

## **Transit Coverage (TRA)**

Property owned by or in the care, custody, or control of a State Insurance Fund policy holder can now be insured while in transit from one location to another. This coverage can be provided in any amount required.

## **Extra Expense Coverage (EXP)**

This coverage can be used to pay for extra expenses incurred as a result of a covered loss under the State Insurance Fund. An example of this would be renting a temporary building after an insured building is damaged or destroyed by a covered peril. This coverage can be provided in any amount required when higher limits are specifically requested.

DORM encourages this coverage to avoid substantial uncovered losses by SIF insureds. We will be glad to discuss the need, values necessary, and costs.



## **Protection and Preservation of Property Coverage Endorsement**

In the event of actual or imminent physical loss or damage covered by the policy, the expenses incurred in taking reasonable and necessary actions for the temporary protection of property is automatically covered.

## **Ordinance or Law Coverage**

In the event of insured loss to an insured building covered by Replacement Cost, this insurance will pay for the following:

- loss to the undamaged portion of the building caused by enforcement of any ordinance or law in force at the time of loss that requires the demolition of parts of the same property not damaged by an insured peril, and/or regulates the construction or repair of buildings.
- the cost to demolish and clear the site of undamaged parts of the property caused by enforcement of buildings, zoning or land use ordinance or law.
- the increased cost to repair, rebuild or construct the property caused by enforcement of building, zoning or land use ordinance or law.

Loss payable shall not exceed 10% of the loss otherwise payable under this policy before the application of this automatic ordinance or law coverage.

## **Deductible Endorsement**

The deductible specified below shall be deducted from the actual cash value (ACV) loss of the property.

For all covered perils, a **\$1,000** deductible shall apply per occurrence per location except:

- For the peril of earthquake, a **\$10,000** deductible shall apply per building and/or contents therein.
- For insureds that have a higher deductible.

## **SPECIAL DEDUCTIBLE ENDORSEMENT**

The occurrence deductible is changed to \$5,000 per occurrence per location and applies to each covered loss.

The percentage deductible is also available. Ask your underwriter.

## **FABRIC CANOPIES AND AWNINGS ENDORSEMENT**

In consideration of the additional premium charged, under Special Building Form, Section III, Item E is changed to read:

“Metal smokestacks and radio or television antennas, including their lead-in wiring, masts or towers are not covered against loss caused by ice, snow, sleet, windstorm, or hail.”



It is also agreed that when the fabric covering of an awning or canopy reaches the age of five (5) years, this endorsement will no longer apply and the exclusions of ice, snow, sleet, windstorm or hail will apply. Submission of documentation verifying the age of the fabric covering will also be required in the event a loss occurs when this endorsement is in effect.

## **MISCELLANEOUS PROPERTY COVERAGE ENDORSEMENT**

It is agreed that when **Miscellaneous Property** is a scheduled line item on the insurance schedule, with the total value of all such items stated, coverage will apply according to the following terms:

1. **Definition. Miscellaneous Property** consists of, but is not limited to owned real property such as fences, flagpoles, light and utility poles, signs, fuel tanks, storage sheds, playgrounds, dugouts, scoreboards and satellite antennae when any single item has a replacement cost of \$10,000 or less and is not otherwise excluded from coverage.
2. Coverage will apply on a blanket basis and will be at full cost of repair or replacement, up to a limit of 115% effective October 1, 2006.
3. The deductible for this policy will apply to **Miscellaneous Property** separately to each insured location and not on a per building/item basis.

## **BOILER & MACHINERY EQUIPMENT COVERAGE**

The State Insurance Fund annually obtains a policy that provides boiler and machinery coverage for SIF clients. Currently, St. Paul Travelers Insurance Company provides inspection, loss control and claims services.

The covered perils include mechanical breakdown, electrical arcing, explosion, electrical burnout, collapse, bulging, cracking, splitting as well as other perils.

Covered equipment includes air conditioning and HVAC system, transformers, electrical switchgear and panels, motors, pumps, fans, refrigeration equipment, steam boilers and other pressure vessels, air tanks, and even office equipment such as copiers and facsimile machines.

**Other coverages may also be available.** Contact a DORM underwriter to inquire about special types of coverage.

## **Your Responsibility Regarding Boilers & Pressure Vessels**

The State of Alabama passed The Boiler and Pressure Vessel Safety Act (Alabama Code §25-12-1, et seq) in 2000 and the rules and regulations were implemented in February 2004. Basically the Act requires all boiler and pressure vessels (fired or unfired) to be inspected with some exceptions. The St. Paul Travelers Insurance Company is making the required inspections as the Act requires the insurance carrier to complete the inspections and submit reports to the Alabama Department of Labor before an operating certificate can



be issued by the State. The following is a list of jurisdictional objects that requires inspections but is not limited to them:

- High Pressure Steam Boilers (over 15 PSI)
- Low Pressure Steam Boilers ( 15 PSI or less)
- Hot Water Heating Boilers
- Hot Water Supply Boilers
- Fired Storage Water heaters 200,000 BTU/HR and over or 120 gallons and over (gas or electric)
- Unfired Pressure Vessels 5 cubic feet or more (Air Tanks do not require an inspection until they exceed 16 cubic feet or 120 gallons). Examples are hot water tanks, heat exchangers, DA tanks, etc.

If you have a question regarding the jurisdictional inspections, you should contact DORM as the required operating certificate is your responsibility.

## **AUTOMATIC SPRINKLER SYSTEMS**

Certain properties insured by the State Insurance Fund are protected by automatic sprinkler systems. In some cases, the existence of these systems is not currently indicated in the schedule we provide our SIF clients.

Sprinkler systems are important fire protection and fire safety devices. Our schedules and records should indicate each location where such a system exists. Consequently, we ask that this office be notified of those buildings that are protected 100% by sprinklers. The SIF provides substantial rate credit for such systems and we need to assure that these credits are properly in place. Credit is given for automatic sprinkler systems if (a) it is properly installed throughout the building, (b) it is under contract to be inspected and certified each year, and (c) this information is properly reported to DORM.

All sprinklered properties must have a maintenance contract with a certified sprinkler service company. A copy of the contract along with a copy of the inspection report on each building should be sent to this office with the certification which is due back to DORM before June 30th each year.

## **INDIVIDUAL RISK PREMIUM MODIFICATION (IRPM)**

The State Insurance Fund rates properties similarly to a commercial insurance company. An initial rate per \$100 coverage is developed for each property from industry published rates. This rate is called a base or “manual” rate. To this rate, certain discounts are applied across-the-board as mandated by statute. After this, an additional modification is applied to each account. This final discount is called the Individual Risk Premium Modification (IRPM) and can significantly affect the premiums that an agency pays for its property insurance.

When a Loss Control Specialist surveys your agency’s property, hazardous conditions may be observed which place the building at reduced or increased risk for loss. Negative



conditions, if found, will be brought to the attention of responsible persons in your agency along with suggestions for remedy. Specific areas included in the survey are:

- Overall condition of the premises
- Potential for catastrophic loss
- Susceptibility and damageability of the property
- Public and private protection provided

At the end of the survey the State Insurance Fund will examine overall factors such as:

- Management
- Values (proper amounts of coverage)
- Attitude and cooperation
- Premium payment history

From the above, the State Insurance Fund will develop a single IRPM factor that will be a credit, debit or break-even, and this factor is then applied to develop final invoiced premiums. These credits or debits can cause significant premium differences for your agency. Our Loss Control Specialist will discuss this program with you prior to their survey and explain how it can work to your benefit.

## **BUILDING PROGRAMS**

Each year hundreds of millions of dollars in new construction will be planned. Part of this planning process might well be a review by Risk Management as to protection and construction types. The following table reflects various construction types and private/public protection. As you can see from this example, the final fire and EC rate applicable to these structures and resulting premium for the life of these new buildings vary greatly. Fire walls strategically located may prevent a high rate from being applied throughout a large building. Therefore, the type construction selected should be consistent for the occupancy so that premiums over the years will not be exorbitant. ■



**STATE OF ALABAMA  
FINANCE DEPARTMENT  
DIVISION OF RISK MANAGEMENT**

**BUILDING PROGRAMS**

**EXAMPLE: SCHOOL BUILDING**  
 Building Value 1,000,000  
 Contents Value 100,000  
 Protection Class 7  
 Experience Modification 0.245

	<b>CONSTRUCTION TYPES</b>
M - HV	--
NC - II	--
NC - II	--
AAA	--

Masonry - Brick Veneer  
 Noncombustible All Metal Walls  
 Noncombustible Masonry Walls  
 Fire Resistive

Construction Type	1 year Premium	20 year Premium	With AS*	20 year Premium	Savings W / AS*	W / Wood Roof	20 year Premium	With AS* & Wood	20 year Premium	Increase due to wood
M - HV	2,932	58,640	1,837	36,740	21,900	--	--	--	--	--
NC - II	1,693	33,860	1,211	24,220	9,640	--	--	--	--	--
NC - I w/charges	730	14,600	554	11,080	3,520	1,201	24,020	969	19,380	8,300
NC - I w/no charges	465	9,300	328	6,560	2,740	784	15,680	589	11,780	5,220
AAA - w/charges	601	12,020	487	9,740	2,280	1,024	20,480	888	17,760	8,020
AAA - w/no charges	338	6,760	264	5,280	1,480	594	11,880	489	9,780	4,500

\* Automatic Sprinkler System



## REPORTING PROPERTY CLAIMS

Property losses should be reported by telephone immediately upon discovery. A claim number will be assigned at the time of the call. A Property Loss Notice Form is sent with instructions and should be returned with the necessary claim documentation (Our fax number is (334)223-6282.). You also have the option of reporting your claim on our website ([www.riskmgt.state.al.us](http://www.riskmgt.state.al.us)) by entering the information directly on to the form and emailing it to us. In the event of extensive property damage, our claims staff prefers that you call first. An in-house adjuster will determine if your claim needs to be inspected by a field adjuster or if it can be handled by mail.

The following is a checklist of information that will be requested when reporting a claim:

Name of building

Item number on insurance schedule

Date of loss

Cause of loss

Estimated Extent of damage (\$)

Contact person and phone number

In the event of an emergency, you should make any necessary temporary repairs needed in order to protect your property from further damage. For example, if wind damages a portion of your roof, you should immediately patch it to protect the interior from water damage. Do not dispose of damaged equipment before our adjuster has inspected it. An adjuster will work with you on making final repairs and provide continuous instruction to you regarding completion of your claim. Finally, the SIF may require a Proof of Loss from you which is a document that signifies agreement of the settlement amount.

## FREQUENTLY ASKED QUESTIONS AND ANSWERS

### What deductibles are available?

A \$5,000 deductible is available along with negotiated higher deductible amounts as well as percentage deductible. Check with our SIF underwriter for details.

### How do we secure against burglary? What is the deductible for burglary?

Our policy does provide coverage for burglary provided that there are visible signs of forced entry on the exterior of the building. The standard deductible for burglary is \$1,000 per location per occurrence.

Burglary and vandalism claims are increasing at an alarming rate each year. Make sure all doors and windows are locked and secure at the close of your business day. You may request your local police department to check the premises frequently, especially when your business or school is closed for several consecutive days. Outdoor lighting will also protect the premises.



### **Is property belonging to my employees covered while at the workplace?**

No.

### **Do I make a claim with the SIF even if someone else is responsible for my loss or damage?**

You may claim with the SIF your loss or damage less your deductible, which will be refunded if subrogation is successful, even though another party is responsible. Often, the process of collecting from the responsible party is lengthy. The SIF will pay your claim and secure a Loan Receipt from you. A Loan Receipt states you have received the settlement amount from the SIF and the SIF is now entitled to collect on your behalf. The SIF will then pursue the responsible party for reimbursement of the settlement amount. This process is called subrogation.

### **If I have the same property insured with the SIF and another insurance company, in the event of a claim, can I collect from both insurance companies?**

No. The two insurance companies will prorate or “share” your loss so that you will be reimbursed the amount you normally would have if you had only that coverage with one company. All insurance policies have a principle of indemnity clause which basically states you cannot profit from insurance. If one company pays your loss in full and then realizes you had coverage with another company, the company which paid in full, can collect its “share” from the other insurance company. This process is called contribution.

### **What should I do if my property is recovered by the police after the burglary claim has been paid?**

You should contact the SIF immediately. We will have an adjuster inspect the recovered property and if damaged, determine its value. If you wish to keep the recovered property, the adjuster will negotiate its value with you and you will need to reimburse the SIF. If you are not interested in keeping the property, we will take possession of the property and attempt to collect as much as possible for it. Salvage value might also exist in property damaged by lightning, wind, water, etc. Often, the amount of the repair bill is reduced by the salvage value of the damaged property.

### **What properties can/should be insured?**

Property paid for in whole or in part by State monies. Properties that are “unreasonably dangerous” or otherwise lacking in insurable value cannot be insured. Leased or rented property can also be insured, if required by the lessor.

### **What constitutes contents?**

Moveable property which is not built in or attached to a building. This does not include equipment that services the building such as fire extinguishers, cooking and laundering equipment, etc.

### **When should a new property or an addition to an insured building or contents be reported for coverage?**

As soon as it has been accepted in whole or in part as your responsibility, unless it fits the definition of “miscellaneous property”.



### **When should the State Insurance Fund be notified about a deletion of a property?**

As soon as the insured no longer owns the property by selling, removing the property or assigning the property to another agency.

### **Can sheds and fences be insured?**

Yes. Certain types of property are often overlooked in scheduling insurance until a claim occurs. These types of property should be specifically scheduled for proper coverage and include the following: sheds, canopies or walkway covers, light poles, underground cables, well pumps, and outdoor generators, unless their individual value is less than \$10,000. All fences are now included in the miscellaneous property line item. Canopies or walkway covers must be scheduled.

### **Does the construction of a building affect the rate?**

Yes. We can offer advice on how different kinds of construction affects the cost of insurance from SIF. (See also the “Building Programs” section in the Handbook.)

### **What do I do when I have a Boiler & Machinery claim?**

Call our office at (334) 223-6120 and give us the name of the building, the date of loss, a brief description of the damage, approximate extent of damage and a contact person and phone number. We will immediately contact the insurance carrier who will contact you to adjust your claim.



# *General Liability Trust Fund*

The **General Liability Trust Fund** was established October 1, 1984, to provide liability protection for state employees acting in line and scope of their job requirements. Like the SIF, the GLTF operates much like an insurance company. However, it does not provide insurance but administers statutory fund benefits. The fund benefits also include protection for employee liability for operating an automobile on state business.

## **REQUESTING COVERAGE**

New requests for coverage must be in writing and addressed to the Risk Manager. Include:

- Name of your agency
- Copy of your enabling legislation
- Street address
- Mailing address (if different)
- City, State, Zip
- Phone number
- Fax number
- Job Codes
- Job Titles
- Total number of people in each classification
- Total annual salaries in the each classification
- Effective date
- Name of the Director
- Name of Person to receive the invoice (and address)
- Name of Person to receive the Certification and Schedule

We recognize that changes in personnel will occur during the year. We will provide coverage for replacement personnel at no additional charge, but additions and deletions to staff should be reported and premiums paid based on the prorated amount for the rest of the fiscal year. Once the above information is received an endorsement will be produced and mailed to you. Keep this document with your insurance papers.

## **CERTIFICATION OF EMPLOYEES**

An employee certification is mailed in August and should be returned to DORM by the requested date.

Make any necessary changes (number of people in classification, job title, job code, total annual salaries for each classification), have the department head approve, sign, and notarize. Return the original to our office. A General Liability Employee Schedule will be produced with an invoice and mailed to you. Payment is due on October 1st.

If for any reason you feel an index is inaccurate, or you have a question about how the index for a particular job evolved, please call us.



## **SCHEDULE OF EMPLOYEES**

The Schedule of Employees represents the number of people working in classifications within your agency, liability index, and premium for each classification. Keep the schedule, certification, and any endorsements together with a copy of the Program Guidelines.

## **LIABILITY INDEX**

The liability index provides equity and fairness of coverage cost allocation by equating likelihood of loss arising from a job position with the rate charged.

The higher the liability exposure, the higher the liability index. For example, persons with arrest powers and persons carrying firearms have a liability index of 7. Clerical workers are the least likely to be sued or to incur liability and, therefore, have an index of 1. Additionally, higher indexes may be created from time to time for extraordinarily hazardous jobs.

## **CERTIFICATION OF WATERCRAFT**

The GLTF Guidelines were revised October 1, 1992 to include liability coverage for state employees arising from the ownership, operation, use, loading or unloading of any watercraft less than 26 feet in length on a blanket basis.

We can include inland watercraft of 26 feet or more on a specific basis at your request. However, coverage is not automatic.

## **REPORTING GENERAL LIABILITY CLAIMS**

The Program Guidelines outline the Notice requirements and other areas pertinent to claims.

### **SECTION 5. NOTICE**

In the event of an Occurrence or Accident every Covered Employee shall be responsible for providing written notice as soon as practicable to the Risk Management Division, Finance Department, Montgomery, Alabama 36130-3250. This includes, but is not limited to, particulars sufficient to identify the Covered Employee and other information with respect to the time, place and circumstances of the Occurrence or Accident, the names and addresses of the Persons alleged to be injured or property damaged, all available witnesses and any reports of internal investigations of the Occurrence or Accident.

### **SECTION 6. SUITS OR DEMANDS**

If a claim is made or suit is filed against any Covered Employee, the Covered Employee shall immediately forward the original suit papers or other appropriate documents to his Department Director. The Department Director shall then immediately forward a copy of suit papers, internal investigative reports, incident reports, and other similar documents, including any demand, notice, summons or other process received by the



Covered Employee to the Risk Management Division, Finance Department, Montgomery, Alabama 36130-3250, with a copy to the Attorney General pursuant to §36-1-6.1, Code of Alabama 1975.

Internal procedures may vary from agency to agency, but the basic facts to be reported include the name of all defendants and their employer (agency), the name of the plaintiff, the date of loss, a brief description of the loss, the names of any attorneys, and any other insurance coverage that is applicable. ■



# *Litigation Management Guidelines For Deputy Attorneys General*

Each Department is responsible for reporting losses to the Division of Risk Management. This is accomplished by completing the Proposal to File, or Defend Civil Action form and forwarding a copy to the Fund. Additionally, a complete copy should be provided to the Attorney General's Office, P. O. Box 300152, Montgomery, Alabama 36130-0152. The Department is responsible for initiating internal procedures to accomplish this task.

Any incident that may lead to litigation should be reported immediately!

## **EARLY LITIGATION PROCEDURE**

Upon receipt of a case in which you represent a defendant who is a covered employee under the General Liability Trust Fund, you should acknowledge the assignment and provide an early case evaluation within 30 days. The evaluation should contain the style of the case, civil action number, GLTF claim number, and what parties you represent.

This report should provide an early opinion of liability, damages, and defenses; contain counsel's theory of the case and outline procedures to be followed in furthering that theory; detail suggested discovery procedures; identify serious issues for trial; recite the need (if any) for investigation; and, when needed, discuss settlement potential and possible jury verdict ranges.

All correspondence should be directed to:

Department of Finance  
Division of Risk Management  
General Liability Trust Fund  
777 South Lawrence Street  
PO Box 303250  
Montgomery, Alabama 36130-3250  
Attn: Claims Manager

## **STATUS REPORTS**

Every defense attorney will report the status of every active covered claim to the Claims Manager quarterly. Please follow the format in the appendix or as outlined above (Early Litigation Procedure). Each Department is responsible for initiating internal procedures to accomplish this task.

## **EXPENSES OF LITIGATION**

**All payments made by GLTF must meet State Comptroller requirements.** The following are acceptable guidelines under which the General Liability Trust Fund will pay for expenses incurred by Deputy Attorneys General in defending covered employees:



Routine Litigation Expenses. These include court fees/costs, travel (on same terms as apply to all state employees), depositions and other costs incident to discovery. Requests for payment of such expenses will first be approved by the managing attorney, who will determine whether they are reasonable and necessary to the defense of covered cases. Those expenses marked “approved” and signed by the managing attorney will then be forwarded to the Fund. Expenses not so approved will be the responsibility of the agency for whom the covered employee works.

Expert Witnesses. Request for payment by the Fund of the fees and expenses of expert witnesses should be submitted in advance to the Fund and the managing attorney along with a written justification which includes the name, qualifications, and estimated fees and expenses of the expert. Fees and expenses of expert witnesses may be prorated between the Fund and the state agency if the agency is also a defendant. A copy of the contract between the expert and the state agency must be provided for the GLTF file.

Seminars, Publications, etc. Requests for payment from GLTF of costs involved in sending deputy attorneys general to seminars, or for purchase of law books, research materials, etc., will be considered by the Fund on a case by case basis. No such request will be approved unless the expenditure directly relates to defense of covered cases.

## SETTLEMENT NEGOTIATIONS

All settlement offers from the plaintiff and all proposed settlement offers on behalf of the covered employee should be forwarded to the Claims Manager accompanied with your opinion and advice regarding the advisability of the offer. All information should be provided on the Proposal to Settle Litigation form. An additional copy of any settlement discussion should be sent to the Office of The Attorney General, 11 South Union Street, P. O. Box 300152, Montgomery, Alabama 36130-0152.

## FEES AND EXPENSES

All requests for appointment of Deputy Attorneys General who are private sector lawyers are to be sent to the Attorney General with a copy to the General Liability Trust Fund. When the Department is notified of such appointment, they are to notify the Fund.

After a private sector Deputy Attorney General has been appointed to assist in a case, and questions arise as to payment of his/her fees and expenses of Deputies by the Fund, those questions should be directed to the Claims Manager.

## CLOSING OF A CASE

When a case is closed, the GLTF is to be advised in writing so that the file maintained by the Fund can be closed.



# FREQUENTLY ASKED QUESTIONS AND ANSWERS

## Who is covered by the General Liability Trust Fund?

Under §36-1-6.1, and the Guidelines of the Fund, employees and agents of the State of Alabama, and individuals serving as foster parents or adult foster care providers licensed or approved by the Department of Human Resources, are eligible for coverage. The word “employees” includes both merit system and contract employees providing a premium has been paid for each. The statute specifically excludes educational institutions and boards from coverage, and the guidelines exclude employees of the State Docks Department. Also not eligible for coverage are independent contractors.

## Should Risk Management be informed only after a lawsuit is filed?

No. Any incident which could conceivably lead to the filing of a lawsuit against a state employee should be reported. The back side of the Proposal to File, or Defend Civil Action form may be used to report the incident. Early settlement of a serious problem could save the State great expense, and if Risk Management has knowledge of a problem we can assist in preventing future similar mishaps.

## What should be done when an employee is served with a lawsuit?

The employee should immediately forward the original suit papers to the Director of his/her Department, who should then immediately forward a copy of suit papers, internal investigative reports, incident reports, etc., including any demand, notice, summons or other process received by the Covered Employee to:

Finance Department, Division of Risk Management  
777 South Lawrence Street  
P.O. Box 303250  
Montgomery, AL 36130-3250,  
Attn: Claims Manager

with a copy to the Attorney General pursuant to §36-1-6.1, Code of Alabama 1975.

## What pointers can you give the departmental attorneys to assure the maximum efficiency in processing GLTF claims?

Complete the Proposal to File or Defend as completely as possible, legibly, with each defendant's correct name, social security number, job code, title, and where he works - location or section. We enter the information into our computer system, circulate the Proposal to File or Defend and the lawsuit within DORM for a coverage determination which will be either “covered,” “not covered,” or “handle under reservation of rights.” Generally, the coverage letters to the defendants are forwarded to the managing attorney for distribution to the defendants. Since DORM maintains an open file until notified of closure by the managing attorney, it is important that the Risk Manager and Claims Manager be kept informed of file developments.

## Is there an insurance policy that states all the conditions of coverage?

The Fund is not insurance, but a fringe benefit for State employees. There is no insurance contract or policy, but there is a set of written guidelines which is similar to an insurance policy that sets out conditions of coverage. A copy can be obtained from the Division of Risk Management.



### **Will the Fund cover any judgment returned?**

No. The Covered Employee is responsible for any amount in excess of the limits.

### **What are the limits of coverage?**

The limits are \$1,000,000 per occurrence, regardless of the number of claimants or the number of employee/defendants. This amount also includes all defense costs paid by the Fund.

### **What if I have other liability insurance?**

Some doctors, dentists, nurses, etc. have liability coverage other than the Fund. The Fund coverage is excess up to the limits of coverage. If the other liability coverage was paid for by the State, there is no coverage provided by the Fund. The primary carrier should be notified immediately upon service of suit papers.

### **After suit papers are forwarded to Risk Management, how will I be notified of coverage?**

The complaint will be reviewed and it will be determined whether the employee is (1) covered, (2) not covered, or (3) will be defended with reservation of rights until coverage can be determined. A letter stating which of the above is applicable will be sent to the employee and to the attorney appointed by the Attorney General.

### **What does “defend with reservation of rights” mean?**

If the wording of the complaint makes it unclear whether the allegations are covered or not covered, the Fund will pay for defense costs until it can be determined whether the allegations are covered or not covered. If found to be not covered, the Fund has reserved its rights to withdraw defense and indemnity.

### **If I am sued, will I be provided with legal representation?**

Defense attorneys in covered cases are appointed by the Attorney General. Generally these attorneys are employees of State departments or the Attorney General's Office, but they sometimes are lawyers in private practice, in which case their fee will be paid by the Fund. A covered employee is, of course, free to hire his own attorney, at his own expense, if he chooses to do so.

### **What procedures are required for settlement of a claim?**

Settlement is a joint responsibility of the Attorney General and the Division of Risk Management. The Fund must be notified of any offer of settlement. The Attorney General is the approving authority for all settlement terms except the payment of money from the Fund, which is done under the authority of the Director of Finance. Written authorization by the Fund is required before there can be acceptance of a plaintiff's settlement offer, or before an offer of settlement can be made by the defense, and the Attorney General must approve a settlement of more than \$25,000. After authority to settle has been granted by the Fund, a written settlement agreement which states the amount to be paid by the Fund must be signed by all parties (or their attorneys) and approved by the Attorney General.



### How is the premium calculated?

The rate is based on the job classification. The liability index corresponds to a rate. That rate will be multiplied times the number of people in that classification per agency.

### Our department has hired (“x” temporary employees) (“x” new employees), that we want to cover under the Trust Fund. How do we do that?

A prorated invoice can be issued for these additions. Supply DORM with the effective date and expiration date of employment, the job code, the job classification, annual salary, and the number of people being added. Report this information to the underwriting section of Risk Management.

### Our department needs more than one invoice. Can you provide more than one invoice?

Yes. If your agency must have separate invoices for different divisions, you will need to furnish us with the following information for each invoice requested:

Name of the division

Mailing address for the invoice

Contact person

Telephone number

Fax number (if available)

Job Codes

Job Classifications

Number of people in each classification

Total salary dollars paid for the class



# *Automobile Coverage*

## **LIABILITY PROGRAM**

The Employee Auto Liability Program is an extension of the General Liability Trust Fund and was effective on October 1, 1992. Previously, liability coverage for automobiles was excluded in the GLTF.

The program is designed to provide liability protection for state employees while operating state vehicles or personal vehicles in line and scope of their job duties while on official business. All state employees are covered under the program with the exception of educational institutions and boards and employees of the State Docks. The statute excludes local educational institutions while the Program Guidelines exclude State Docks.

## **COVERAGE**

Coverage provided is a \$300,000 combined single limit for both bodily injury and property damage per accident regardless of the number of covered employees involved, number of injured parties or extent of property damage.

State-Owned Vehicles. Coverage applies to Covered Employees for the use of state-owned automobiles whether or not the autos are furnished for regular use. Incidental use by Covered Employees is included. Automobiles include private passenger as well as commercial and bus types. Mobile equipment use is excluded, but is covered by the General Liability Trust Fund. Automobiles rented and leased to the State are included.

Vehicles Not State-Owned. Covered employees are protected while using “non-owned” automobiles. The reduced premium charge for these vehicles requires that there will be private insurance or self insurance available in compliance with the Alabama financial responsibility statute. Employee Auto Liability coverage is excess of other available insurance.

Rental Cars. Covered employees are protected while using rental cars on state business in the line and scope of employment.

Class I Drivers. State employees who use their own cars predominantly on state business in the line and scope of employment are known as Class I Drivers. This exposure is much like that of state-owned vehicles, except that the program anticipates that state financial responsibility requirements will be met by the owner. Premium cost is accordingly drastically reduced. Drivers not classed as Class I are Class II.

“Contract” Employees. Certain employees are not subject to the state merit system and work under an agreement with the participating state unit outlining their duties, accountabilities and reporting relationships. It is the intent to cover such employees who are intended to function as state employees.

To avoid controversy as to whether coverage applies to contract employees, the Division of Risk Management requires a written agreement (see appendix) with each affected participating state unit as to whether certain classes of individuals are to be considered



employees for the purpose of this coverage. In the absence of a written agreement, the presumption will be that coverage does not apply. The participating state unit should assure that any needed agreement is executed.

**Financial Responsibility Requirements.** Alabama statutes require drivers to prove financial responsibility for automobile accidents for at least \$20,000 per person, \$40,000 per accident Bodily Injury and \$10,000 Property Damage per accident. The cost structure of the program is predicated upon the fact that employees using their own autos on state business can demonstrate financial responsibility - normally accomplished by private insurance. Proof of liability insurance is not required for state owned vehicles, in accordance with Code of Alabama, 1975, §32-7(a)-1, et seq.

**Medical Payments.** This coverage, with per person limit of \$1,000, applies to passengers (non-state employees) in covered automobiles on a “no-fault” basis. For this coverage, covered automobiles are private passenger types, law enforcement vehicles, and buses. Also, automobiles operated by Class I drivers are covered. State employees injured on the job are not covered for medical payments. Available state programs for medical benefits would apply to employees.

## **PROGRAM ADMINISTRATION**

The Division of Risk Management maintains a complete data base of all state owned/leased vehicles, regular and frequent driver information along with number of Class I drivers. You will be furnished with a schedule of these each September for the coming fiscal year.

Each agency has designated a “Fleet Coordinator” who will be our central contact for all auto transactions.

As you add and delete vehicles from your fleet, please do the following promptly:

1. Send us a copy of the Auditor’s Property Card (Form #EDM-19419 or other documentation) each time you purchase a vehicle and indicate the 3 digit use class code as listed in your employee automobile liability instructions along with the license tag number and state property number.
2. Send us a copy of the SD-1 form each time you transfer a vehicle to surplus property. Please include the license tag number and the state property number.

We will issue endorsements monthly reflecting any changes requested in that month.

## **CERTIFICATION**

You will receive a certification of your vehicles and Class I driver information in the Summer of the year to validate and update for the coming fiscal year. Obviously, an on-going update during the year will make the annual certification process much easier. Your renewal schedule will be published from this certification.



# REPORTING AUTOMOBILE CLAIMS

Prior to the inception of the Automobile Liability Program on October 1, 1992, the DORM distributed to each fleet coordinator of each department a claim kit for each State vehicle as well as each Class I driver. These kits offer valuable reference information and are designed to be kept in the glove compartment of the vehicle. If the instructions given in the claim kit are followed, the reporting process will flow smoothly.

The contents of the claim kit include:

Envelope - offers basic steps for the driver to follow in case of an accident. A summary of the Alabama Motor Vehicle Safety Responsibility Act is on the back.

Brochure - again lists the basic steps for the driver to follow in case of an accident but also provides room for the driver to record information which later will be needed to report the claim.

Decal - designed to be placed directly on the dash of the vehicle for quick and easy reference for the driver. The decal repeats important instructions for the driver in the event of an accident.

Automobile Loss Notice - should be completed by the driver and fleet coordinator as soon as possible following an accident. You also have the option of reporting your claim on our website ([www.riskmgt.state.al.us](http://www.riskmgt.state.al.us)) by entering the information directly onto the form and emailing it to us. In the event of a serious accident or property damage, our claims staff prefers that you call first. Upon completion, this form should be sent to the DORM office (Our fax number is (334)223-6282).

Every auto being used on state business should have in it a claim kit. If you need more kits, call us at (334)223-6120.

Please report the following types of automobile accidents immediately:

- Any automobile accident in which a State employee is the driver of one or more of the vehicles.
- Any automobile accident involving damage to the State vehicle if your agency has physical damage coverage.

Call your claims into DORM at (334)223-6146. If the accident occurs after hours and is serious in nature, the driver should report the claim to 1-800-241-1172 for immediate assistance.

DORM will need the following information by phone:

- Date, time and location of accident
- Brief description of accident
- Authority contacted/citation information
- State driver's vehicle (state or personal)
- If State vehicle, need VIN# and Tag #
- If personal vehicle, need State driver's insurance info
- State driver's name, driver's license # and phone numbers
- Specific duty being performed at time of accident



- Property damage of other party (for example, year, make, model of vehicle, extent of damage)
- Other driver's name and phone numbers
- Other driver's insurance information
- Injuries
- Witnesses

Once the DORM receives the claim, we will forward the information to our claims service who will assign an adjuster if necessary. The adjuster must be able to talk with the driver about the accident, as well as inspect the vehicle if necessary.

If the vehicle involved is not State owned or leased but is the driver's personal car being used on State business, the driver should also report the accident to the insurance company insuring the personal car. In this event, any insurance on the personal vehicle is primary to the State's coverage.

Reminder: coverage for the state employee applies only while that employee is acting in the line and scope of employment. The reason we ask specific duty being performed at time of accident is to determine coverage for the loss.

All claims are currently investigated and defended by our claims service. However, all claims will be reported directly to our office. We will track activity and make certain claims are handled in a timely and effective manner.

## PHYSICAL DAMAGE PROGRAM

The specific coverages are comprehensive (fire, theft, wind, glass breakage, etc.) coverage with a \$250 deductible per occurrence and collision coverage with a \$500 deductible per occurrence, both regardless of fault.

Coverage is available for all vehicles with the exception of buses and trucks with special equipment attached or included as part of the vehicle when purchased new with a gross vehicle weight of 20,000 lbs. or less. Effective 10/1/98, coverage is afforded for short-term rental (30 days or less) vehicles. If coverage is needed for vehicles weighing over 20,000 pounds, call us.

Please notify us immediately of any vehicles you desire coverage for under this program. There is no automatic coverage.

If you have any questions or need further clarification, feel free to contact us at 334-223-6120.

## “OPEN LOT” COVERAGE PLAN AVAILABLE

The Division of Risk Management has, for some time, been aware of a possible catastrophic loss situation that exists for those of you who have fleets of vehicles parked in concentration at times. The most common example of this would be a school bus fleet parked in a specific location for the summer months.



Here is how the coverage works:

- Vehicles would be covered for the perils of fire, lightning or explosion, theft, wind-storm, hail, earthquake, and vandalism or malicious mischief.
- A specific garaging location must be given. Coverage would apply only at that specific location.
- A specific term of coverage (starting and ending dates) must be selected by you.
- A fixed asset listing of the vehicles comprising your fleet must be submitted along with your request for coverage and should reflect the total value of all vehicles to be covered. This will be your insurance amount.
- A deductible of \$25,000 per occurrence applies.
- Losses are adjusted on an actual cash value basis, vehicle by vehicle, from your fixed asset listing. As this document will be the basis for any claims payments, it should be re-submitted to us any time changes in your fleet are made.

The charge for this coverage will be \$1.50 per thousand dollars coverage annually. Premium cost is pro-rated if the coverage term is less than one year. We will monitor losses and if needed, adjust charges up or down accordingly on an annual basis.

Please feel free to call us with any questions.

## **FREQUENTLY ASKED QUESTIONS AND ANSWERS**

### **Who is covered under the program?**

All employees of a participating agency are covered without exception. You must complete a Contract Employee Validation form for all groups of contract employees to be sure there are no “gray” areas.

### **What is a Class I driver?**

An employee who uses a personal vehicle on state business day-in and day-out as if it were an assigned state vehicle and typically receives mileage reimbursement is considered a Class I driver. Many contract employees fit into this category and may or may not receive mileage reimbursement.

### **What is a Class II driver?**

Class II drivers are all remaining drivers other than a Class I. They may be drivers of an assigned State vehicle, motor pool vehicle or any other State vehicle. They also may operate their personal vehicle occasionally on State business. You need not report these.

### **What happens if we have an accident out of state or while driving a rental vehicle?**

Coverage applies in all 50 states and Canada. No coverage is provided in the country of Mexico. Since coverage follows the employee and not the vehicle, coverage would apply in any vehicle. Physical damage coverage is now afforded for short term rental vehicles.



### **Do I need to keep my “rider” on my personal insurance policy?**

We suggest that each individual who drives a state vehicle examine their own personal financial situation. The rider would provide excess coverage over the state's limits of \$300,000. Its cost is not reimbursable by the state, however certain individuals may find the additional coverage necessary.

### **Will I be covered 24 hours a day?**

Coverage applies any time you are operating a vehicle on official state business in line and scope of your job duties.

### **Explain Medical Payments coverage.**

Medical payments are incidental payments made for injuries sustained by a non-state employee who is a guest passenger in a state vehicle or Class I vehicle. Payments are made regardless of fault in the accident. These payments are offered as an inducement to prevent unnecessary litigation. Medical costs for state employees are handled through the employee medical plan or any workers compensation type programs that a department may have in effect.

### **If I damage my State vehicle or personal vehicle on State business, will you cover the damages to my vehicle?**

The damages to the State vehicle are covered only if the State agency has auto physical damage coverage.

### **If I run a personal errand during business hours and have an automobile accident, do I have liability protection?**

No. The automobile liability program covers the State employee for negligent acts which occur in the line and scope of employment.

### **What if my accident is minor or if the accident is not my fault, should I report it to DORM?**

Yes. Although the accident may appear to be minor or you feel it is not your fault, you need to report it to us. Injuries often arise later from minor accidents.

### **If I am driving my personal automobile on State business and have an accident, do I report the claim to DORM or my own personal automobile insurance company?**

Both. Your own personal insurance would be “primary” coverage in the event of a loss and the State's liability coverage would be excess if you are driving your personal automobile on State business.



# *State Employee Injury Compensation Trust Fund*

## **PROGRAM SUMMARY**

### **WHAT IS IT?**

The State Employee Injury Compensation Trust Fund - SEICTF - was created by the Alabama Legislature to be effective October 1, 1994. Its purpose is to provide indemnity and medical benefits for injuries incurred on the job. Indemnity benefits consist of lost wages caused by job injury, payment for permanent partial and permanent total disability, and payments to dependents and for burial expenses in the event of fatal injury.

The legislature observed that job injury compensation practices for state workers needed much improvement. Some employees worked for departments that self-insured benefits for injuries, with benefits much like those in the private sector. Most others received benefits unevenly and with great uncertainty through facilities such as the Special Leave Reimbursement Program for lost time, and Board of Adjustment for permanent injury and shortfalls on deductibles and co-pays. Medical costs were paid by the State Employees Insurance Board (SEIB) for those employees covered by SEIB.

The net result of all this was that employees could not be certain of the level of injury compensation they would receive for job injury costs, or when it might be paid. The process of recovery of funds was complex and troublesome to employees and expensive for the State to administer.

The SEICTF is a funded program that provides to eligible employees benefits that are known and are secure. It replaces the complex procedures outlined above.

### **HOW DOES SEICTF WORK?**

**MEDICAL.** Covered employees who are injured on the job secure medical care from a health care provider (physician, hospital or clinic). SEICTF is responsible for payment to the medical care provider. The employees will not have to pay co-payments and deductibles.

**LOST TIME.** Here is an outline of the benefits applicable to on-the-job injuries that result in lost work time.

1. **Waiting Period.** There is a three work day period for which no lost time benefit is paid. Should the lost time reach twenty one calendar days, the initial three day period is then paid. The employee may elect to use sick or annual leave to cover the waiting period or take leave without pay.
2. **SEICTF 2/3 Amount Paid.** When away from the job due to work injury, the employee compensation is two-thirds weekly wage subject to the maximum compensation rate in effect at the time of the injury. The employee is paid via SEICTF warrant.

There are no deductions for State or Federal income taxes, Social Security or Medicare.



3. Duration of Payments. Payments for temporary disability continue as long as the employee cannot work as a result of the covered injury and is supported by medical and vocational opinions.
4. Option to Use Sick/Annual Leave. In lieu of the lost time benefit outlined above, injured employees have the option to utilize personal accumulated annual and sick leave. If this option is elected, SEICTF 2/3 lost wage benefits will start when personal leave is exhausted, or whenever the employee chooses to accept benefits as opposed to using leave.

Before benefits can be paid, the injured employee and the supervisor must complete the “Employee Election For Lost Time Benefits” (SEICTF Form 2) form following a work-related injury requiring lost-time from work (See the appendix).

## SUMMARY OF KEY FEATURES

1. Medical Costs
  - Co-pays and deductibles are covered.
  - All reasonable and necessary medical expenses are covered.
2. Lost Time
  - Payment is tax-free - 2/3 current wage subject to weekly maximum rate.
  - Special Leave Reimbursement Program not applicable.
  - Injured employee remains in GHRS payroll status as long as permissible.
  - Employee compensation is paid via SEICTF warrant when electing 2/3 option.
  - Employee compensation is paid via state payroll check when electing Leave option.
3. Permanent Disability
  - The degree of disability or vocational loss is based on loss of access to jobs and loss of income as a result of a covered injury.
  - The amount of compensation awarded is based on the degree of disability or vocational loss.
4. Death
  - A maximum \$5,000 for burial expense is provided
  - Benefit compensation payments made to eligible dependents up to 500 weeks. Compensation consists of 2/3 of the weekly salary tax free and subject to established minimum and maximum weekly salary amounts.



# THE ROLE OF THE PROGRAM COORDINATOR

To a great extent, the success of the State Employee Injury Compensation Trust Fund (SEICTF) will be determined by the involvement of the Program Coordinator at the department or division level.

The Division of Risk Management (DORM) will rely heavily on these individuals to act as liaison for this program. Their involvement and dedication for the benefit of their departmental employees will be evident in the future.

What we at DORM see as the major roles of the Program Coordinator are to:

- Attend training conferences to master program content and gain an understanding of the day-to-day operation of the overall program.
- Assure SEICTF program and practices are understood.
- Act as a conduit for communications between DORM and departmental staff.
- Provide advice and guidance to DORM on departmental-specific issues. Also the coordinator should work closely with DORM on early return to work and injury prevention programs as this is essential to a cost-effective program.

We at DORM will rely heavily on your input and assistance. If you have changes in Program Coordinators, please notify SEICTF immediately, in writing at SEICTF, P. O. Box 303250, Montgomery, AL 36130-3250. In addition, should you have any questions regarding your role as coordinator, please contact us at 334-223-6162.

## MAKING A CLAIM

### How To Initiate SEICTF Benefits

- Injured employee notifies supervisor.
- Determine whether an employee needs medical attention. Refer to your pocket guide card for the toll free telephone number.
- To avoid co-pays and deductibles, complete the **Authorization for Initial Treatment Form** (SEICTF Form 3A) for the employee to take to the SEICTF Provider Network physician. This form will allow the employee to receive treatment without having to pay co-pays or deductibles. **Use common sense. If employee is severely injured, do not delay getting medical attention in order to complete this form.**
- Complete **all** items on the **First Report of Injury** (SEICTF Form 1).
- **Within 24 hours** of notification of injury, **fax** the completed Form 1 to Risk Management at (334)223-6170. If a fax machine is not available, call in the information to (800) 388-3406.
- Retain the original Form 1 for your files. File other copies with your Agency as required.
- Within 24 hours after the injury, the employee must select a payment option under Item A and also under Item B on the **Employee Election for Lost Time Benefits** (SEICTF Form 2). **Delay in option selection will delay compensation payment**



to the employee. Item A concerns time lost from work up to three days and Item B time lost in excess of three days. If the employee misses **more** than three days of work, **then**:

- Immediately **fax** the completed Form 2 to (334) 223-6170.
- **Mail** the original form to **SEICTF, P.O. Box 303250, Montgomery, AL 36130-3250.**
- Retain a copy for your files.

## 2/3 Option Bi-Weekly Payroll Period Requirements

- Beginning with the payroll period in which the employee was injured, as soon as possible after the payroll period ends, but no later than 12:00 noon on the SEICTF cut-off date shown on the GHRS Production-Merit Agencies Schedule, report via a fax to the Risk Management Division, (334)223-6170, a statement giving the following information: the name of the injured employee, their social security number, date of injury, the number of hours the injured employee was scheduled to work during the current payroll period, and the number of hours worked that payroll period (if zero state zero). Include any leave taken in with the number of hours worked. Also show return to work date when the employee returns to work.

### EXAMPLE

NAME	SSN	DATE OF INJURY	HRS SCHEDULED TO WORK	HRS WORKED	RETURN TO WORK DATE
John Doe	000-00-000	MM/DD/YR	80	0	MM/DD/YR

Note: As long as the employee is out of work due to his or her injury, it is **imperative** that you provide and fax this payroll information to **Risk Management** for each semi-monthly payroll cut off period. Your failure to do so will result in a **delayed compensation payment to the injured worker**. Please notify SEICTF immediately if the employee retires or is terminated from State service.

When the Employee is paid on SEICTF warrant, no deductions will be made. Employee is responsible for dependent health coverage with State Employees Insurance Board and other payroll deductions. Employee should read SEICTF pamphlet "SEICTF Guide to Benefits and Claims Filing" for important information regarding benefits.



## PREFERRED PROVIDER NETWORK

As part of our continuing effort to provide quality health care to employees by the State Employee Injury Compensation Trust Fund, the Division of Risk Management implemented a Preferred Provider Network effective March 1, 1996.

The Preferred Provider Network is an approved list of physicians that employees must use in order to obtain medical care for an on-the-job injury. The Network Primary Care Physician is essential in coordinating health care needs and recommending an appropriate specialist if specialty care is needed. The Network Physician will file claims for the employee and will not charge a co-payment for services rendered.

If an employee has a work-related injury, he or she must take the following steps:

1. Notify their supervisor as soon as possible.
2. The supervisor will direct the employee to a Network Primary Care Physician who will provide any necessary medical care. If the supervisor is unavailable, call Provider Relations at 1-800-977-0022 or (334) 223-6177.
3. In case of an emergency, the employee should seek immediate care at the nearest medical facility and notify their supervisor as soon as possible. Follow-up care after an emergency will be provided by a Network Primary Care Physician.

It is very important that each participating state agency take the necessary steps to ensure that all covered employees know the procedures to follow in the event of an on-the-job injury. If an employee has questions, he or she should contact their supervisor or the State Employee Injury Compensation Trust Fund Coordinator for their department.

## SEICTF EMPLOYEE ELECTION OPTIONS

Here are some thoughts for you when choosing the compensation options as listed on the SEICTF Election For Lost Time Benefits (SEICTF Form 2) Section B.

I If you choose to use your leave:

- A. You receive your usual net pay via State payroll check. Payroll amount and deductions remain the same.
- B. Two-thirds of your current wage would not be taxed subject to the maximum compensation rate amount in effect at the time of your accident.
- C. You continue to accrue Leave in accordance with State Personnel Rules.
- D. You stay on the state payroll until your paid leave is exhausted.
- E. You continue to accrue retirement credit in accordance with governing laws.

II If you choose to use the SEICTF two-thirds pay option:

- A. You receive two-thirds of your current wage via SEICTF warrant, subject to the maximum compensation rate in effect at the time of your accident. **Payment of SEIB dependent health care coverage and other preauthorized payroll deductions are the responsibility of the employee.**



- B. The two-thirds amount is not taxed.
- C. You accrue leave in accordance with State Personnel Rules.
- D. You stay in GHRS state payroll status as long as permissible.
- E. Ineligible to accrue retirement credit.

## DISPUTE RESOLUTION

**Disputes.** There may occasionally arise a disagreement between the injured worker and SEICTF relating to compensability of an injury, the nature of treatment for the injury, or the amount of benefits payable for the injury under the SEICTF Program. Should this occur, mediation, a Review Board, or an Administrative Law Judge (ALJ) is available to consider the merits of the issue(s) raised and provide a ruling to resolve the dispute(s).

**Purpose.** The SEICTF Program provides for an impartial Review Board or ALJ to assure fair and equitable administration of benefits to injured employees. It will resolve disputes with respect to entitlement to compensation and medical benefits, including the amount of compensation, and will approve lump sum settlements which have been agreed to by employees and SEICTF. The Review Board Panel consists of three members for any case. Each member has knowledge of the SEICTF Program.

**Lump Sum Settlements.** These type settlements must be by agreement of the parties and arise normally with injuries that lead to permanent partial disability. An example of such an injury is an injury to the hand that causes the loss of use of a finger. The settlement amount is automatically reviewed by the Review Board, which must approve the settlement before it becomes final.

**Initiating Review Board or ALJ Consideration.** No action is required for lump sum agreements. For disputes as to compensability or amount of compensation, the employee may contact the State Employee Injury Compensation Trust Fund (334) 223-6162. You will be referred to a Claims Examiner who will provide guidance on how to present the issue and will provide the employee with an appropriate form to present facts to the Review Board or ALJ.

The Review Board panel meets as required and there will be no undue delay in Board response.

*For questions regarding the program or a specific claim, call 1-800-388-3406 or 334-223-6162.*

## FREQUENTLY ASKED QUESTIONS & ANSWERS

**Who is responsible for notifying DORM of an employee injury and how should that be done?**

The injured employee is responsible and should promptly notify his supervisor. The supervisor should immediately complete the Employer's First Report (SEICTF Form 1) and fax it to the number on the form. As an emergency exception, call 1-800-388-3406, then fax or mail the completed form marked "Duplicate" to SEICTF.



**How do we initiate lost time payments if the employee is unable to return to work?**

If lost time of greater than three work days is expected at the time the First Report is faxed, so indicate on the report. If the lost time beyond three days becomes evident later, complete Employee Election For Lost Time Benefits Form and fax to SEICTF at (334) 223-6170 and then mail the original to SEICTF.

**If an employee has concerns or questions regarding SEICTF benefits, what should be done?**

The employee should call SEICTF at 1-800-388-3406 or 334-223-6162.

**If the supervisor is concerned that the injury was not in the line and scope of employment, what should be done?**

Be sure to fully complete the First Report. Indicate factual data that leads to the concern.

**If the supervisor is concerned that the employee has not returned to work, what should be done?**

The supervisor should validate the facts and contact SEICTF at 1-800-338-3406 or 334-223-6162.

**If the employee insists on medical care from non-approved health care providers, what should be done?**

Inform the injured employee to contact SEICTF immediately. Obtaining medical treatment from non-approved health care providers may result in ineligibility or termination of SEICTF benefits.

**How do I get additional supplies of forms, such as SEICTF Guide to Benefits and Claims Filing, Posting Notice, First Report of Injury, and Authorization for Initial Treatment to Provide Medical Service?**

Forms are available on our website ([www.riskmgt.state.al.us](http://www.riskmgt.state.al.us)) and from Finance-Central Supply.

**Is there a Return to Work Program included in the benefits of SEICTF?**

SEICTF assists agencies in developing and implementing an Early Return to Work Program. For more information, please call (334) 223-6162.



# *Policy Management*

## **THE POLICY MANAGEMENT FUNCTION**

DORM is charged with assuring that insurance purchased by the state is:

- Acquired at the lowest reasonable cost consistent with expected quality and service.
- Purchased in a competitive, fair manner.
- Provided by competent and financially secure insurers.

DORM will manage the purchase process, payment of premiums, policy contract terms, policy coverage changes, and claims handling. Policies with premiums in excess of \$7,500 must be competitively bid by DORM.

## **FLOOD INSURANCE**

All State Agencies, Departments and School Systems are encouraged to purchase flood insurance if their locations are on flood plains.

A December 1988 release from the Federal Emergency Management Agency (FEMA) states that previously “recipients of Federal disaster assistance have not been penalized for failing to insure their flood prone facilities prior to a major flood disaster.” However, in May of 1989, the “first-bite free” concept was eliminated. In other words, if your facility is located in a flood plain area and you experience damage from flooding, FEMA will reduce your assistance funds by the maximum amount of insurance proceeds which would have been payable had your facility been covered by flood insurance.

If you are interested in obtaining flood insurance for your facility, please follow these steps:

- 1) Contact your County Engineer’s office and obtain the flood zone (A, B, C) of the location you wish to insure along with the community number.
- 2) Call our office at 223-6120 and provide the name and address of the facility as well as the flood zone and community number. With this information, DORM can secure a premium quote. The agency may require completion of a flood application and elevation certificate depending on the flood zone of the facility you wish to insure.

At the renewal of your flood policy, the agent will send you an invoice. You should immediately forward the invoice to our department for our stamp of approval. We will send it back to you so that it can be processed through the State Comptroller’s Office.

A 30 day waiting period applies before flood coverage is effective. With the purchase of flood insurance, you will not only be protecting your facility but may also avoid large reductions in future disaster assistance.



# BLANKET FIDELITY AND DISHONESTY BOND

The Blanket Bond covers the following:

## EMPLOYEE DISHONESTY

Employee dishonesty coverage reimburses the state for money or securities lost through dishonest acts of state officers, employees or agents. The exposure to loss through employee dishonesty is significant. Coverage is provided for the dishonest taking of State funds or other intentional dishonest acts that cause financial loss. The limit is \$1,000,000 per occurrence.

Like any insurance, there are certain loss areas not covered by our dishonesty coverage. For example:

- Mysterious disappearances.
- Accounting errors without proof of dishonesty.
- Loss of money or property belonging to employees.
- Losses already covered by other insurance.

## PUBLIC OFFICIAL BOND (FAITHFUL PERFORMANCE)

This bond provides the necessary dollar limits to meet statutory requirements for all employees of the State of Alabama.

## NOTARY PUBLIC BOND

This bond provides the necessary dollar limits to meet statutory requirements for all notaries public of the State of Alabama.

## ADMINISTRATIVE OFFICE OF COURTS

Robbery coverage, inside and outside, is provided with limits as scheduled.

# CIVIL AND CRIMINAL PROSECUTION

We also exclude any losses for which you tell a suspect he or she will be released from liability. This is important: You do not have the authority to forgive employee crimes.

Trying to do so could make you liable. So, who does decide whether to prosecute? The state's district attorneys do. Their decision is based on the law and the evidence.

When we pay for a loss, we acquire the agency's right to collect from the offender. We pursue civil action to collect for stolen money, property or services.

# RISK CONTROL

Our coverage does not take the place of risk control. Of course, managers trust employees. Most people are honest or this type coverage could never be provided. But, we all should still install controls. Controls protect against loss by making it clear that theft will not remain hidden. Controls protect us all from the accusations when thefts occur.



Cash: Cash transactions should always be discouraged because the payor has no receipt or proof of payment and the receiver must be ever alert to avoid loss of these funds. The time and effort required to effectively safeguard cash is exorbitant. At best, the guilty employee is caught and dismissed. This is still a lose, lose situation.

Checks: Stamp “for deposit only” to the proper account immediately upon receipt. Cost of reproducing lost or stolen checks can be expensive and time consuming.

Require double signature on checks issued for payment of accounts other than those issued by the Comptroller’s office.

Negotiable marketable items: Keep secured at all times with regular inventory procedures in place. Reconcile accounts on schedule. Routinely switch employees around that perform these functions.

## AFTER A LOSS

If you find a loss apparently caused by employee dishonesty, take three steps:

First, talk it over with your attorney. Make no exceptions. Until you have that talk: Do not contact the police. Do not let anyone interview or demand an explanation of the employee; And, do not start any personnel actions.

Second, promptly report the loss to us (immediately after discovery). Discuss the steps you feel are needed to prove the extent of loss and to prevent further loss. Reporting delayed for more than 30 days can cause a forfeit of our bond coverage. It can lead to further losses and may expose you to personal liability as well.

Third, protect any known documentary evidence.

Remember, the first step is the most important. Discuss your suspicions with your attorney and do not talk to anyone you do not have to. Miss this step and you could say something that leaves you facing an innocent employee’s defamation lawsuit or make a criminal conviction impossible against a real thief.

## FREQUENTLY ASKED QUESTIONS AND ANSWERS

**My notary is up for renewal. How do I get it renewed using the blanket bond provided by the State?**

In order to renew your notary under the State’s blanket bond policy, you must prepare a letter on your Department stationery with your department head’s signature stating you are a State employee covered by the blanket bond policy issued by The Fidelity & Deposit Company of Maryland. In your letter, include the policy number (CCP0042351). You should then take the letter and the filing fee (approximately \$10 -\$16) to the Probate Office in the county of your residence. Before leaving the Probate Office, secure a receipt (for proper reimbursement by the State). You may contact DORM Underwriting for a sample letter.



**What should I do if the Probate Judge in my county of residence will not accept the State Blanket bond?**

Contact our office at (334) 223-6120.

**Does the State reimburse me for the notary filing fee? If so, what is the procedure?**

To be reimbursed for your notary submit the voucher and receipt directly to the State Comptroller. Risk Management approval is not now required.



# *Loss Control*

## LOSS CONTROL SERVICES

The legislative charter of the Division of Risk Management requires DORM to take actions, develop programs, and otherwise act to assist State agencies in reducing financial risk. To better meet this obligation, DORM established a Loss Control Section. The mission of the Loss Control Section is to prevent or minimize losses by State agencies. The Section will strive to increase the interest, awareness, and commitment by State agencies in the effective management of risks, and spearhead programs to control loss arising from liability, personal injury, property damage, and criminal acts. The services provided will assist agencies in the identification and assessment of risk and the development, implementation, and evaluation of programs to reduce risk. Information, education, and training will be provided to promote the development of State agency loss control programs.

With the implementation of the State Employee Injury Compensation Trust Fund (SEICTF) in October 1994, the mission of the Loss Control Section has been expanded to include the prevention and management of employee injuries. Generic safety and early return-to-work programs have been developed and customized to meet the special needs of each client agency.

DORM will achieve its loss control objectives over the long term by utilizing the following strategic elements:

- Employ a Loss Control Management approach

This approach to loss control will utilize the management of each client agency to establish loss control programs. DORM will train and work through the management and supervisory staff of each agency to develop and implement loss control programs specifically tailored to their unique needs and interests. This approach will encourage agency ownership and management responsibility for the prevention of loss.

- Meaningful Programs and Services

To assure its loss control services endure, DORM will provide services that are correctly perceived as both efficient and valuable to its client agencies. Generic and specialized programs and services will be provided. Generic programs are valuable to numerous agencies and can be integrated with the internal procedures of each agency. Specialized programs are intended to address the unique and inherently hazardous operations of a particular agency. DORM, when appropriate, will assist agencies in eliminating or controlling exposure to these unique hazards.

- Evaluating and Prioritizing Needs

To discover the universe of needs which should be addressed, DORM will utilize its own direct resources and those external to DORM to identify and quantify the loss control needs of each affected State agency. The prioritization of needs and the allocation of resources for loss prevention initiatives will be determined by: (1) percep-



tion of need by each client agency, (2) urgency of need based on danger to life and property, and (3) availability of resources.

- Communication

The Loss Control Section will foster continuous two-way communication between DORM and client agencies. This will be accomplished by using all methods of communications available, including newsletters, personal contact by the DORM staff, the DORM Handbook, website, and meetings with State agency representatives.

If you have questions regarding the services available to your agency or need assistance with a particular issue or concern, please contact our office at 223-6120. ■



# *Employee Assistance Program*

In March 1992, the Governor issued Executive Order No. 48 authorizing the creation of an EAP for all employees of State Government and designating the Finance Department as the State Agency to implement the directive. We officially implemented the Employee Assistance Program (EAP) on October 1, 1994. We are currently providing assistance to any participating state agency/employee that request EAP services. A review of our current clients revealed a few agencies did not initially indicate an interest in participating in the program. Any agency that did not initially respond affirmative can still become a participant. Just notify the State EAP Director at the Division of Risk Management in writing of your desire to participate. Also provide the name, duty title, official mailing address, and phone number of your agency's EAP representative/coordinator.

Our EAP is a short-term counseling and referral service designed to help employees become more effective and efficient in their jobs by providing professional, confidential assistance with problems that are likely to affect their family life and/or job performance. The program deals with such problem areas as:

- Supervisor and subordinate conflict
- Drug and alcohol abuse
- Financial management
- Marital and family disruption
- Emotional and mental conditions

These are just a few of the problem areas for which we provide assistance to our clients. Expected outcomes of direct value to the State include better retention, reduced absenteeism, improved productivity, fewer job injuries, reduced conflicts involving EEO, harassment, and ADA issues, etc., as well as an overall happier employee. These EAP services are available for both the employee and dependant family members.

If you have questions or input, please contact our office at (334)223-6151.

Employees can access the EAP through two avenues--self referral or supervisory referral. However, exceptional situations and circumstances may exist in which emergency procedures are required but for which specific steps are not available. These situations will be handled on a case by case basis by the EAP staff.

## Self-Referral

An employee or family member desiring to make a self-referral should call us at (334)223-6151 for an appointment. They will be given an appointment as soon as possible. They will be asked to fill out an intake questionnaire at the EAP office before seeing a SEAP counselor.

After the intake questionnaire is filled out, the employee will be seen by a EAP counselor for an initial assessment of the problem/issue and determination of the level of service required. Following the initial assessment, a follow-up appointment will be made for the employee with the EAP counselor or a referral will be made to an appropriate external



resource referral professional. This referral could be a self-help group, an inpatient treatment facility, or another appropriate referral agency.

### **Supervisory Referral**

**Informal supervisory referral** occurs when a supervisor suggests or informally recommends EAP services to an employee before any significant job related difficulties. This might exist when the supervisor has knowledge of family problems the employee may be experiencing that has had little or no impact on the job. The supervisor may be only interested in the general welfare of the employee in this situation and leaves contacting EAP to the employee's discretion.

**Formal supervisory referral** occurs when a supervisor formally or specifically emphasizes to an employee the importance of resolving a personal problem that appears to be contributing to workplace or job difficulties. Supervisors desiring to make a formal referral should first call or get an appointment with a EAP counselor to discuss the problem situation. If a referral is deemed appropriate, the supervisor will inform the employee verbally and in writing of the referral decision. But, an employee's involvement in the program is voluntary, even if it is a formal referral by the supervisor. If the employee does not want to participate, the supervisor should document this. Then, follow normal supervisory progressive disciplinary procedures concerning the job related issue(s) prompting initiation of the referral. See form in Appendix. ■



# *State Equipment Maintenance Program*

## **PROGRAM SUMMARY**

### **WHAT IS IT?**

The statewide Equipment Maintenance Program (EMP) allows all government agencies and departments to consolidate the care of electronic equipment under one comprehensive program. By replacing existing service agreements with this program, agencies will gain a programmatic solution that delivers significant cost savings, enhanced equipment protection, the freedom to utilize the best service vendor for each and every maintenance action, program management tools and information, and achieve positive control over the financial and operational performance of their equipment maintenance portfolio.

The Remi Group, LLC (TRG) has been selected as the new provider and administrator of the State's equipment maintenance program effective December 1, 2005, and will partner with the state in delivering a long-term equipment maintenance management program. TRG's equipment maintenance program provides an effective alternative to original equipment manufacturer and third party maintenance service agreements. Instead of facing a future of spiraling maintenance costs that grow each year beyond the rate of inflation, agencies can take control of their maintenance budget and build a program that delivers immediate savings and offers the prospect of greater long-term savings. TRG will work with each and every agency to provide program administrative support, technical expertise, day-to-day oversight, training, and the financial backing necessary to guarantee a successful program result.

TRG does not perform any service work. You continue using your present service provider, your in-house staff or any equipment service provider of your choosing. The EMP also provides protection for equipment failures caused by operator error, negligence, power disturbances, and consequential damages due to HVAC system failures. Few equipment maintenance programs provide this level of comprehensive protection.

All of TRG's programs are backed by the full faith and credit of leading insurance providers such as Great American Insurance Company. Their financial standing is assured by years of successful operation, outstanding financial structure, and independent rating agencies such as AM Best.

## **PROGRAM HISTORY & PRICING**

The Remi Group was awarded the contract to maintain and expand the state's Equipment Maintenance Program, which was put in place in September 2000. The program offers a 25% reduction in annual cost on equipment that is transitioned from a service contract to the State's EMP. For example, if we identify equipment that is eligible for the EMP and find that an agency is currently buying service contracts with an annual cost of \$20,000, placing this equipment under the EMP would save that respective agency \$5,000 annually. TRG will work closely with the Department of Finance, Division of Risk Management to manage the current equipment portfolio, expand the EMP and corresponding statewide hard dollar



savings, supply effective data management tools, and provide recommendations based on the state's historical maintenance records.

## HOW IT WORKS

The Equipment Maintenance Program is fairly straight forward by design. In essence, very little will change in how the state agencies handle day-to-day operations and equipment maintenance. When equipment fails or requires preventative maintenance, State employees call their preferred service provider, who is very likely the same service vendor that they have always called in the past. Upon vendor request, provide your blanket purchase order number (Agency#-SubAgency#). Once the work is completed, each vendor will leave a completed service report with the agency to be submitted to TRG. The invoice and service report should be sent by the vendor directly to The State of Alabama EMP, P.O. Box 4389, Montgomery, AL 36130, or faxed to (866) 497-9397 within 90 days from the date of service. TRG will handle reimbursing the service provider directly for work done maintaining covered equipment.

For service events expected to reach or exceed \$7,500 the preliminary loss information must be reported to The Remi Group's - engineering department prior to any service action being taken at (877) 275-7364.

## PROGRAM BENEFITS

- Immediate 25% annual savings from vendor service contracts
- Immediate 10% savings from 2005 Equipment Maintenance Program pricing
- Sophisticated online management reporting tools
- Convenience of one program provider and contact
- Program engineering, technical, and local administrative support
- Flexible service provider options
- Customizable coverage levels and pricing options

## REPLACING OR RETIRING EQUIPMENT?

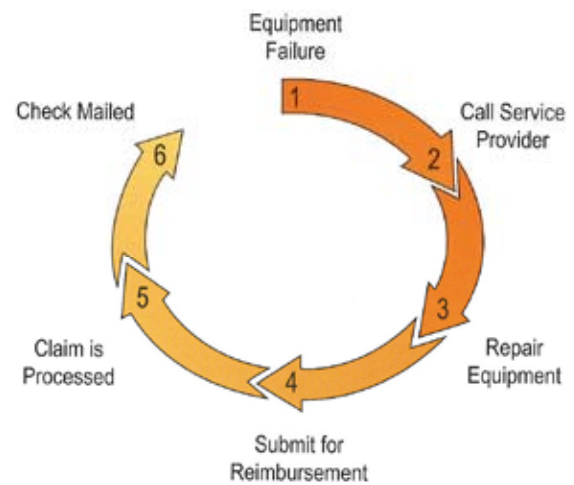
### To Add Equipment

- Obtain the following information regarding each equipment item to be quoted:
  - Manufacturer
  - Model
  - Serial Number
  - Description
  - Replacement value or purchase price



If the equipment is under a service contract, please send a copy of the contract to Nancy Dodd at [ndodd@theremigroup.com](mailto:ndodd@theremigroup.com) or fax to (866) 497-9397.

- Complete the Endorsement / Change Request form (listed in the Appendix) and send it to [ndodd@theremigroup.com](mailto:ndodd@theremigroup.com) or fax to (866) 497-9397.
- If you requested to see a quote prior to adding the equipment and decided to add that equipment, please send written confirmation to Nancy Dodd at [ndodd@theremigroup.com](mailto:ndodd@theremigroup.com) or fax to (866) 497-9397 advising the effective date of coverage. The effective date can be the current date or any future date.



## To Remove Equipment

- Complete the Endorsement / Change Request form (listed in the Appendix) indicating the item to be deleted and the deletion date. The deletion date can be the current date or any future date.
- Send the form to Nancy Dodd at [ndodd@theremigroup.com](mailto:ndodd@theremigroup.com) or fax to (866) 497-9397.

## SUMMARY OF IMPORTANT PROVISIONS

### 90 Day Provision

In order for TRG to effectively capture all details necessary for the claims review process, we require a copy of the service report and the invoice within 90 days from the date of service. Both documents are required prior to the release of payment to the vendor. The service report and invoice should clearly specify the Make, Model and Serial Number of equipment that was serviced, a description of the problem, the location of the equipment, details of the service work performed, a list of all parts used, and a breakdown of all charges. If the information submitted as proof of loss is determined insufficient, we must receive requested information to substantiate the loss within 90 days of notification.

TRG is not liable for any loss, damage or occurrence not reported in compliance with the above paragraph.

### Replacement of Equipment

If a service vendor recommends a covered piece of equipment be replaced, rather than be repaired, you must receive authorization from TRG by calling the EMP Engineering Department at (877) 275-7364. If we agree that replacing an item is more cost effective than repair, you may substitute property of a similar kind, age, model and manufacturer. TRG will work diligently to create the best possible solution for both parties. TRG is not liable for the cost of any unauthorized property replacement.



## Large Loss Notification

If a service event is expected to exceed \$7,500 you must notify TRG by calling the engineering department at (877) 275-7364. TRG Engineering will make service repair recommendations and assist you throughout the service process to ensure the best possible repair outcome. While you have the final decision over the repair process for your equipment, it is critical that agencies make prior loss notification prior to these service events. Failure to do so will result in loss of coverage. TRG will reimburse for the service event in accordance with your service contract.

## Upgrades/ Modifications/ Overhauls

If the service vendor recommends or plans to do any upgrades, modifications, refurbishment, overhauls, etc., contact TRG Engineering prior to authorizing the vendor to perform this type of work. Our engineering department can advise you as to what types of services are covered and not covered under your TRG service contract.

## DATA MANAGEMENT

In order to achieve superior maintenance management results over the long-term, it is imperative that the state collect and analyze information concerning equipment performance, maintenance costs, and vendor performance. TRG's program gives the state the ability to monitor and manage their program using our EMMA system (Equipment Maintenance Management Application) combined with Remi Online, our customer internet interface that provides 24 X 7 real-time access to all program related information. Through Remi Online, the state can track the performance of individual pieces of equipment, identify poor performing equipment, ensure scheduled preventative maintenance completion, delve into individual maintenance events, or review overall program results. In short, through our program and the associated technology, the State of Alabama will gain knowledge, insight, and the ability to begin taking meaningful control of their equipment maintenance portfolio.

**Registration** – Please e-mail Nancy Dodd at [NDodd@theremigroup.com](mailto:NDodd@theremigroup.com) with REMI ONLINE as the subject header. Please include Department name, Agency name, agency and sub agency number, your name, e-mail address, and your phone number in the body of the e-mail. Once we receive the request in our office, we will e-mail you the user name, password, and instructions on how to access Remi Online (typical response time is within 2 business days).

**Remi Online Access** – [www.remionline.com](http://www.remionline.com) (once you have a user ID & password)

If you have any problems or questions with registering, please contact The Remi Group at (888) 451-8916.



## **EMP KEY STAFF**

### **TRG On-Site Representative**

Nancy Dodd  
NDodd@theremigroup.com  
Tel: (334) 353-8751  
Cell: (704) 661-8912  
Fax: (866) 497-9397

### **TRG Account Executive**

Mike Van Derveer  
MVanDerveer@theremigroup.com  
Tel: (704) 602-0878  
Cell: (704) 607-4770  
Fax: (704) 887-2916

### **State EMP Hand Mail**

Attn: Nancy Dodd  
RSA Union Bldg  
Room 160

### **Engineering & Replacement Hotline**

Tel: (877) 275-7364

## **FREQUENTLY ASKED QUESTIONS AND ANSWERS**

### **How are equipment additions and deletions reflected in my bill?**

All changes to the covered equipment schedule will be listed on your next quarterly statement from TRG. Please pay the current invoice in full as all additions and deletions made during the current three month period will be reflected in your next invoice from TRG. For example, if a \$300 machine is added to the program a few days after the first quarterly statement is released, you will not pay for coverage on that machine until the 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> invoices are due. Using this example, you will be charged \$100 on each of the last 3 statements.

### **What happens if I find a discrepancy with my quarterly premium invoice?**

Since the premium and the respective coverage for each machine is pro rated to the date coverage was initiated or removed, these discrepancies can be handled on your next quarterly statement. Please contact Nancy Dodd at [ndodd@theremigroup.com](mailto:ndodd@theremigroup.com) with any specifics regarding discrepancies. Maintenance coverage on equipment, payment of vendor invoices, and fees for coverage will reference the original requested date from your agency.

### **What type of machines can be covered under the program?**

Nearly every machine that plugs into the wall is eligible for the equipment maintenance program and the corresponding 25% savings from vendor contracts. Some of the most common equipment types are telephone systems, security equipment, mailing equipment, communication equipment, computers, printers, monitors, servers, X-Ray and imaging equipment, copiers, fax machines, and many others. Please e-mail Nancy Dodd at [ndodd@theremigroup.com](mailto:ndodd@theremigroup.com) for more details.

### **Who do I call if my machines break down?**

You have the freedom to call any vendor you choose, from the manufacture of the machine to your local supply and fix-it company. Any company that can properly work on your equipment can be used under the EMP. Please inform this vendor this is a time and materials service call, give them your purchase order number (agency# - sub



agency#), have them complete a service report with you, and give them the billing address of The State of Alabama, P.O. Box 4389, Montgomery, AL 36130. TRG will pay that vendor directly for his work once we receive both the service report and invoice.

#### **What happens if a vendor sends the bill to me?**

All invoices need to be submitted to Nancy Dodd at The State of Alabama, P.O. Box 4389, Montgomery, AL 36130, by fax (866) 497-9397, or by hand mail box at RSA Union Bldg, Room 160. Please forward any invoices and/or service reports to Nancy Dodd as soon as possible for review.

#### **What is a service report and what should I do with it?**

There are two documents for each service event, an invoice which is mailed to the EMP P.O. Box directly, and the service report which is left with the state employee. A service report is a dated document filled out by the vendor that provides information regarding that specific service event. It should contain the machine's make, model, serial #, location, what was wrong with the machine, what was done to fix it, what parts were ordered, and how long it took to fix the machine. Please fax this the Nancy Dodd at (866) 497-9397 directly after the service event. All service events have a corresponding service report and it is the state employee's responsibility to deliver this to Nancy Dodd in a timely fashion.

#### **What if I want to add equipment but I don't have a maintenance contract price?**

You do not need a maintenance contract or price in order to add equipment. TRG maintains an extensive database of equipment and corresponding vendor pricing. Just send the information on the equipment to Nancy Dodd and it will be added. You can also request a quote on equipment in order to get a premium amount prior to adding the equipment.







# *Appendix*







<b>CERTIFICATE OF VEHICLE INSURANCE</b>					DATE	
<b>PRODUCER</b>		PHONE: (334) 223-6139		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
STATE OF ALABAMA DIVISION OF RISK MANAGEMENT 777 S LAWRENCE ST MONTGOMERY AL 36104						
<b>INSURED</b>				<b>COMPANIES AFFORDING COVERAGE</b>		
				COMPANY A     AMERICAN SOUTHERN INSURANCE CO		
				COMPANY B		
<b>COVERAGES</b>						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	AUTO (COMP / COLL)				DEDUCTIBLE	\$ 250
	___ COMPREHENSIVE					
	___ COLLISION				DEDUCTIBLE	\$ 500
A	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$1,000,000
	___ ANY AUTO					
	___ ALL OWNED AUTOS					
	___ SCHEDULED AUTOS					
	___ HIRED AUTOS					
___ NON-OWNED AUTOS						
___ _____						
BODILY INJURY (Per person)	\$					
BODILY INJURY (Per accident)	\$					
PROPERTY DAMAGE	\$					
OTHER						
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS						
<b>CERTIFICATE HOLDER</b>		<b>CANCELLATION</b>				
		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.				
		AUTHORIZED REPRESENTATIVE				



## DATE \_\_\_\_\_

PRODUCER

COMPANY

## RISK MANAGEMENT

SUB CODE:

**INSURED**

**POLICY NUMBER**

**EXPIRATION DATE**

_CONTINUED UNTIL TERMINATED IF CHECKED
---

## PROPERTY INFORMATION

COVERAGE INFORMATION      COVERAGE / PERILS / FORMS

**AMOUNT OF INSURANCE**

**DEDUCTIBLE**

### ALL RISK COVERAGE -

§

§

REMARKS ( Including Special Conditions)

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 30 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

MORTGAGEE

ADDITIONAL INSURED

LOSS PAYEE

LOAN #

**AUTHORIZED REPRESENTATIVE**



## PROPERTY LOSS NOTICE

STATE OF ALABAMA  
FINANCE DEPARTMENT  
DIVISION OF RISK MANAGEMENT  
777 S LAWRENCE STREET  
MONTGOMERY, ALABAMA 36104  
(334) 223-6120, FAX (334) 223-6282

AGY-DIV

PROPERTY LOSSES SHOULD BE REPORTED BY  
TELEPHONE IMMEDIATELY UPON DISCOVERY.  
FORWARD THIS COMPLETED FORM **AFTER**  
THE PHONE CALL TO RISK MANAGEMENT.

CLAIM NO.

### COVERED PROPERTY:

DEPARTMENT \_\_\_\_\_ DIVISION \_\_\_\_\_  
LOCATION & ITEM NO. \_\_\_\_\_ BUILDING NAME \_\_\_\_\_  
(IF MORE THAN ONE, PROVIDE ATTACHMENT)

### LOSS INFORMATION:

DATE OF LOSS \_\_\_\_\_ TIME \_\_\_\_\_ LOCATION OF LOSS \_\_\_\_\_  
(IF UNKNOWN, INDICATE DATE FIRST DISCOVERED)

GIVE CITY, STREET, HIGHWAY, COUNTY

CAUSE OF LOSS    BURGLARY    LIGHTNING    WIND    FIRE    WATER    VEHICLE    FREEZE    HAIL  
(CIRCLE ONE)    VANDALISM    OTHER \_\_\_\_\_

NOTE: IF BURGLARY, EVIDENCE OF FORCIBLE ENTRY ON EXTERIOR? Y ( ) N ( ) UNK ( )  
OVER \$1,000? Y ( ) N ( )    POLICE REPORT FILED? Y ( ) N ( )

NATURE AND EXTENT OF DAMAGE \_\_\_\_\_

ESTIMATED DOLLAR AMOUNT OF LOSS \$ \_\_\_\_\_

NAME, ADDRESS & PHONE NUMBER OF CONTACT PERSON: \_\_\_\_\_

### OTHER INSURANCE:

DO YOU HAVE OTHER INSURANCE THAT WOULD APPLY TO THIS LOSS? Y ( ) N ( )

IF YES, NAME, ADDRESS & PHONE NUMBER OF INSURANCE COMPANY: \_\_\_\_\_

(COMPLETE REVERSE SIDE)



**LIST CONTENTS ITEMS ONLY:**

[illegible]

I HEREBY CERTIFY THAT THE INFORMATION COMPLETED ON THIS FORM IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

TITLE \_\_\_\_\_

PHONE \_\_\_\_\_



**STATE OF ALABAMA  
FINANCE DEPARTMENT  
DIVISION OF RISK MANAGEMENT  
STATE INSURANCE FUND  
777 South Lawrence Street  
Montgomery, Alabama 36130-3250  
Dale.Whittle@riskmgmt.alabama.gov  
(334) 223-6120  
FAX (334) 223-6282**

**SELF-INSPECTION REPORT & PROPERTY  
INSURANCE REQUEST**

Protect \_\_\_\_ BRC \_\_\_\_ Constr \_\_\_\_

A/S \_\_\_\_ ACV \_\_\_\_

RSK \_\_\_\_

Bldg Cont Bldg Cont

Fire Fire EC EC

Orig \_\_\_\_

BRC \_\_\_\_

Office Use Only

Call or email coverage requests to Division of Risk Management, then use this form to officially request insurance on buildings that are not currently insured with the State Insurance Fund (SIF). This form must be fully completed to activate insurance.

Division \_\_\_\_\_ Location # \_\_\_\_\_ Item # \_\_\_\_\_

INSURED \_\_\_\_\_  
Agency, Department, Board, or Commission

BUILDING NAME/USE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street Address

Insurance Effect Date \_\_\_\_\_ Building Insurance Amount\*\* \$ \_\_\_\_\_  
100% Building Replacement Value\* \$ \_\_\_\_\_ Contents Insurance Amount\*\* \$ \_\_\_\_\_  
100% Contents Value \$ \_\_\_\_\_

\*Building Value (excluding land)

\*\*State law requires minimum of 80% insurance to value

**BUILDING DATA**

- |   |  |
|---|--|
| <p>1. Number of Floors/stories _____</p> <p>2. Year Built _____</p> <p>3. Within City Limits Y <input type="checkbox"/> N <input type="checkbox"/></p> <p>4. Total Gross Square Footage (all areas, all floors) _____</p> <p>5. Fire Protection</p> <ul style="list-style-type: none"> <li>• Feet to Hydrant _____</li> <li>• Miles to Fire Dept. _____</li> <li>• Sprinkler System Y <input type="checkbox"/> N <input type="checkbox"/></li> <li>• Fire Extinguishers Y <input type="checkbox"/> N <input type="checkbox"/></li> <li>• Fire Alarm <ul style="list-style-type: none"> <li>Central Station Y <input type="checkbox"/> N <input type="checkbox"/></li> <li>Local Y <input type="checkbox"/> N <input type="checkbox"/></li> </ul> </li> <li>• Smoke Detectors Y <input type="checkbox"/> N <input type="checkbox"/></li> <li>• Fire Drills Y <input type="checkbox"/> N <input type="checkbox"/></li> <li>• If Kitchen, Hood Extinguisher Y <input type="checkbox"/> N <input type="checkbox"/></li> </ul> | <p>6. Building Condition (if over 5 years old) Date _____</p> <ul style="list-style-type: none"> <li>• Rewired Y <input type="checkbox"/> N <input type="checkbox"/> _____</li> <li>• New Plumbing Y <input type="checkbox"/> N <input type="checkbox"/> _____</li> <li>• New Roof Installed Y <input type="checkbox"/> N <input type="checkbox"/> _____</li> <li>• Remodeled Y <input type="checkbox"/> N <input type="checkbox"/> _____</li> <li>• Describe remodeling (Type Here) _____</li> <li>• Describe Building Condition (Type Here) _____</li> </ul> |
|---|--|

**ATTACH A PHOTO OF THE BUILDING**

Name (Print/Type) \_\_\_\_\_

Signature \_\_\_\_\_

Title/Position \_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_

Rev. 2/01



## CONSTRUCTION CHARACTERISTICS

### 1. FLOOR (ground level)

☐ concrete slab      ☐ wood      ☐ other \_\_\_\_\_

### 2. UPPER FLOORS

☐ concrete      ☐ wood      ☐ other \_\_\_\_\_

### 3. UPPER FLOOR SUPPORTS

☐ wood      ☐ metal      ☐ concrete      ☐ other \_\_\_\_\_

### 4. EXTERIOR WALLS

<input type="checkbox"/> wood studs with wood siding	<input type="checkbox"/> solid brick or stone
<input type="checkbox"/> wood studs with vinyl siding	<input type="checkbox"/> hollow concrete block
<input type="checkbox"/> wood studs with metal siding	<input type="checkbox"/> hollow concrete block with brick or stone veneer
<input type="checkbox"/> wood studs with brick or stone veneer	<input type="checkbox"/> all metal
<input type="checkbox"/> metal girts with brick veneer	<input type="checkbox"/> solid concrete
<input type="checkbox"/> other _____	

### 5. ROOF

☐ flat

☐ pitched

☐ combination

☐ other \_\_\_\_\_

### 6. ROOF SUPPORTS

☐ wood

☐ metal

☐ concrete

☐ other \_\_\_\_\_

### 7. ROOF DECK

☐ wood

☐ metal

☐ concrete

☐ tectum

☐ other \_\_\_\_\_

### 8. ROOF COVERING

☐ shingles

☐ metal

☐ built-up tar & gravel

☐ rubber membrane

☐ other \_\_\_\_\_

### 9. HEAT SYSTEM

☐ Coal      ☐ Electric      ☐ Gas      ☐ Wood      ☐ Other

(Explain) \_\_\_\_\_

### 10. HEAT METHOD

☐ Forced      ☐ Hot Water      ☐ Radiant      ☐ Steam      ☐ Other

(Explain) \_\_\_\_\_

### 11. AIR CONDITIONING (Describe) \_\_\_\_\_

### 12. PLEASE SKETCH THE GROUND FLOOR WITH DIMENSIONS (Attach a separate sheet if necessary.)



**STATE OF ALABAMA  
DEPARTMENT OF FINANCE  
DIVISION OF RISK MANAGEMENT  
STATE EMPLOYEE INJURY COMPENSATION TRUST FUND (SEICTF)**

**EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE**

Report to be completed by supervisor or other designated authority.  
All questions must be answered.  
Type or print

SEND TO: State Employee Injury Compensation Trust Fund  
Division of Risk Management  
P. O. Box 303250  
Montgomery, AL 36130-3250  
24 hr. FAX: (334) 223-6170 or 1-888-827-6753

This report must be completed and FAXED to the Division of Risk Management within 24 hours of the injury. If you are unable to FAX, the injury may be reported by calling: 1-800-388-3406, 8 AM to 5 PM, Monday thru Friday. After hours injury reports should be FAXED or called in at the beginning of the next working day.

<b>1. Name of Injured Employee</b> (Please type or print) (Last) _____ (First) _____ (MI) _____	<b>2. SSN</b> _____ - _____ - _____	<b>3. Date of Birth</b> ____ / ____ / ____	<b>4. Sex</b> ____ M ____ F
<b>5. Home Address</b> (No. and Street) _____ (City or Town) _____ (State) _____ (Zip) _____	<b>6. Phone</b> Home ( ) _____ Work ( ) _____ Cell ( ) _____ Work Hours: From: _____ To: _____		
<b>7. Job Title</b> _____	<b>8. Status</b> _____ Full Time _____ Part Time _____ Contract	<b>9. Job Code</b> _____	
<b>10. Employing Agency</b> _____ <b>Agency Number</b> _____	<b>11. Division, District, etc.</b> _____		
<b>12. Agency Address</b> (No. and Street) _____ (City or Town) _____ (State) _____ (Zip) _____			
<b>13. Date of Injury</b> ____ / ____ / ____	<b>14. Date Employer Notified</b> ____ / ____ / ____	<b>15. Time of Injury</b> ____ : ____ AM ____ PM	
<b>16. Is employee covered by State Employee Medical Insurance?</b> ____ Yes ____ No			
<b>17. At this time, has the injury or illness required medical treatment?</b> ____ Yes ____ No (If YES, complete 18 & 19.)			
<b>18. Name and address of treating physician:</b> _____			
<b>19. Name and address of hospital:</b> _____ Hospitalized _____ Outpatient _____ Emergency Treatment _____ NONE			
<b>20. City or town where injury occurred:</b> _____		<b>21. Was injury caused by a motor vehicle accident?</b> ____ Yes ____ No	
<b>22. Was more than one person injured in this incident?</b> ____ Yes ____ No			
<b>23. Describe fully what happened to cause the injury or illness and indicate the body part(s) affected:</b> _____			
<b>24. Were there any witnesses to the injury?</b> ____ Yes ____ No (If yes, give name, address and phone number.) _____			
<b>25. Signature of supervisor reporting incident</b> _____	<b>Print Name</b> _____	<b>Phone</b> (Daytime) _____	<b>Date</b> _____

SEICTF Form 1 REV 06/04







STATE OF ALABAMA  
DEPARTMENT OF FINANCE  
DIVISION OF RISK MANAGEMENT  
STATE EMPLOYEE INJURY COMPENSATION TRUST FUND (SEICTF)

**EMPLOYEE ELECTION FOR LOST TIME BENEFITS**

Submit to SEICTF when the employee will miss more than three (3) days of work. Three (3) days of work is equivalent to 24 hours of work time.

**ATTENTION EMPLOYEE:**

**Your options for lost time benefits are:**

- A) First three days off work due to occupational injury (waiting period). You should:
- 1) Utilize available annual/sick leave, or
  - 2) Take unpaid days.
  - 3) File with your agency's payroll department only.
- B) **After three day waiting period. You should:**
- 1) Take SEICTF benefit of two-thirds pay with no deductions, federal or state taxes, or retirement credit. Accrue leave at 2/3rds of regular leave rate, or
  - 2) Take available annual/sick leave. Regular deductions and RSA contribution continue.
  - 3) FAX this form to SEICTF immediately at (334) 223-6170 or 888-827-6753.

Select the option on this form you wish to use. You may change the option you selected under (B) at the beginning of any regular pay period. This selection cannot be retroactive. **Elections must be made by the employee and received by SEICTF before any compensation benefits are paid.**

**TO BE COMPLETED BY EMPLOYEE:**

Employee Name \_\_\_\_\_ SSN \_\_\_\_\_  
Date of Injury \_\_\_\_\_  
Employing Agency \_\_\_\_\_

\*\*\*\*\* Payment Option Selected by Employee: **(A and B must be completed)**

INSURANCE COVERAGE:  
\_\_\_\_\_ BCBS (State of Alabama)

- A) \_\_\_\_\_ 1. Annual/Sick leave for three day waiting period.  
\_\_\_\_\_ 2. Leave without pay for three day waiting period.
- B) \_\_\_\_\_ 1. SEICTF Wage Replacement beyond three day waiting period.  
\_\_\_\_\_ 2. Annual/Sick leave beyond three day waiting period.

**TO BE COMPLETED BY AGENCY:**

1. Gross Salary at Time of Injury \$ \_\_\_\_\_ Semi-monthly \$ \_\_\_\_\_ Hourly Rate
2. **First** three WORKING days or 24 working hours of work missed due to injury? **(Give exact dates)** \_\_\_\_\_
3. Employee status (circle one): Part-Time Full-Time Contract
4. Retirement Plan Info: \_\_\_\_\_ Type (TRS, ERS, Judicial, State Police, etc.)

**TO BE COMPLETED BY SEICTF:**

Wage Replacement - Calculated Benefits (Current weekly wage times .6667)

RSA Adjusted Amount \$ \_\_\_\_\_ Semi-monthly \_\_\_\_\_ Employers %  
Two-thirds Amount \$ \_\_\_\_\_ Semi-monthly \_\_\_\_\_ Employees %

**Approved:** Effective Date: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Disapproved:** Effective Date: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_



By signing below:

1. I certify that I have read this form and that I have freely chosen the option marked on page 1.

2. **AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION**

I hereby authorize any physician, health care professional, hospital, or other medical care facility to provide my complete health care records to representatives of the State Employee Injury Compensation Trust Fund (SEICTF), and/or its' agents regarding my health and any treatment rendered. I authorize representatives of SEICTF and/or its' agents to examine any and all records including but not limited to: all history and physical examinations; progress notes; physicians' notes; lab reports; x-ray, MRI, CT scans, myelograms and all other diagnostic procedure reports; all consultation reports and records, in-patient and out-patient facility records; operative reports; payment records; prescribed medications; and all notes, correspondence and records of any kind.

In addition, I authorize the release of information relating to (1) communicable diseases such as hepatitis and the human immunodeficiency virus (HIV); (2) alcohol/drug abuse records; and (3) all mental health, counseling and psychiatric and psychological records.

The purpose for disclosure of these records is to allow SEICTF to evaluate my medical history and injuries in this claim and to administer benefits I may be eligible for under the SEICTF program. A photocopy or exact reproduction of this signed authorization shall have the same force and effect as the original. This Authorization for Release of Health Information is valid for one year from the date of my signature.

I understand that I may revoke this authorization by sending a signed, written notice to SEICTF and to the healthcare provider(s) authorized to disclose my health information pursuant to this document. However, I also understand that any revocation will be effective only to the extent that action has not already been taken in reliance of this authorization.

By refusing to sign or revoking this authorization, I understand that SEICTF will be unable to provide benefits under this program as medical records are required.

Employee signature	Home Phone & Employee Daytime Number	Date
--------------------	--------------------------------------	------

Supervisor	Supervisor Phone Number	Date
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STATE OF ALABAMA  
DEPARTMENT OF FINANCE  
DIVISION OF RISK MANAGEMENT  
STATE EMPLOYEE INJURY COMPENSATION TRUST FUND (SEICTF)

**AUTHORIZATION FOR INITIAL TREATMENT AND PHARMACY**

**TO BE COMPLETED BY EMPLOYEE**

**If you desire program benefits, read and sign below. Benefits will not be authorized without your signature.**

**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION**

I hereby authorize any physician, health care professional, hospital, or other medical care facility to provide my complete health care records to representatives of the State Employee Injury Compensation Trust Fund (SEICTF), and/or its' agents regarding my health and any treatment rendered. I authorize representatives of SEICTF and/or its' agents to examine any and all records including but not limited to: all history and physical examinations; progress notes; physicians' notes; lab reports; x-ray, MRI, CT scans, myelograms and all other diagnostic procedure reports; all consultation reports and records, in-patient and out-patient facility records; operative reports; payment records; prescribed medications; and all notes, correspondence and records of any kind.

In addition, I authorize the release of information relating to (1) communicable diseases such as hepatitis and the human immunodeficiency virus (HIV); (2) alcohol/drug abuse records; and (3) all mental health, counseling and psychiatric and psychological records.

The purpose for disclosure of these records is to allow SEICTF to evaluate my medical history and injuries in this claim and to administer benefits I may be eligible for under the SEICTF program. A photocopy or exact reproduction of this signed authorization shall have the same force and effect as the original. This Authorization for Release of Health Information is valid for one year from the date of my signature.

I understand that I may revoke this authorization by sending a signed, written notice to SEICTF and to the healthcare provider(s) authorized to disclose my health information pursuant to this document. However, I also understand that any revocation will be effective only to the extent that action has not already been taken in reliance of this authorization.

By refusing to sign or revoking this authorization, I understand that SEICTF will be unable to provide benefits under this program as medical records are required.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**EMPLOYEE: Give completed copy to your supervisor immediately after receiving treatment.**

**TO BE COMPLETED BY SUPERVISOR**

Employee Name: \_\_\_\_\_ S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Injury \_\_\_\_\_

Description of Accident/Injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_ Division/Facility: \_\_\_\_\_

\*\*\*\*\*When completed by supervisor and physician - fax immediately to SEICTF at (334) 223-6170 or 1-888-827-6753\*\*\*\*\*

**TO BE COMPLETED BY PHYSICIAN**

Diagnosis: \_\_\_\_\_

Work Status: \_\_\_\_\_ May return to full duty

\_\_\_\_\_ Out of work for \_\_\_\_\_ days, then return to work with restrictions (see below)

May return to work with the following restrictions for \_\_\_\_\_ days:

Activity restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RETURN APPOINTMENT DATE: \_\_\_\_\_ None Scheduled

Physician Name (please print) \_\_\_\_\_ Office Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature \_\_\_\_\_



## Instructions for Submitting Claim for Payment

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### Physician's office:

1. Immediately Fax copy of this form to SEICTF at 1-888-827-6753 (toll-free) or (334) 223-6170.
  2. Give original to employee. Have employee take original back to the employer. Keep a copy in the employee's chart.
  3. Claim filing:
    - A. **For authorization and timely payment, office notes must be sent to SEICTF:** Fax to 1-888-827-6753 (toll-free) or mail to SEICTF: P. O. Box 303250, Montgomery, AL 36130-3250.
    - B. Send claim to:
      - (1) Blue Cross Blue Shield (Group 32035) - Use the WRI prefix with the employee's social security number. **(Do not use the EIB number.)** Do not charge co-pays or deductibles.
- 

### Pharmacy:

Send claim to Blue Cross/Blue Shield of Alabama. All prescriptions must be filed electronically with BCBS by using the WRI prefix and the employee's social security number. **(Do not use the EIB number.)** SEICTF does have a Formulary and some drug classes require prior approval before BCBS will approve the prescription under WRI. **Charges filed manually, or through third party billing companies, will not be reimbursed.** If you are unable to obtain approval or confirmation, please contact the BCBS Pharmacy Help Line at 1-800-216-9920.

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**CONTRACT EMPLOYEES**  
**AUTOMOBILE COVERAGE VALIDATION to “CONTRACT EMPLOYEES**  
**AUTOMOBILE COVERAGE VALIDATION “\ 2**

- A. Contract Employee: A person employed by written contract who is deemed to be an employee, as opposed to an independent contractor, according to Internal Revenue Service criteria as applied by the State Comptroller and the State Personnel Board.
- B. We certify that the following classes of contract employees are bona fide state employees and are eligible for Employee Automobile Liability Coverage.

Class of Employee

Nature of Job Duties

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

- C. The following is the definition of “Covered Employees” from GLTF Program Guidelines:

Covered Employee means any person employed, appointed, elected or hired to a temporary or permanent position or office with the State of Alabama or any of its departments, bureaus, offices, agencies, authorities, or boards, including individuals serving as Foster Care Providers. Covered Employee does not include persons employed, appointed or hired to a temporary or permanent position or office with the State Docks Department or any educational institution or board, or any person other than a Foster Care Provider employed, appointed or hired by the State of Alabama or any of its departments, bureaus, offices, agencies, authorities or boards as an independent contractor as defined by the Internal Revenue Code and Regulations.

\_\_\_\_\_  
Department Participating

By \_\_\_\_\_

Date

Instructions: If applicable, complete this form and return to the Finance Department, Division of Risk Management, 777 South Lawrence Street, P.O. Box 303250, Montgomery, Alabama 36130-3250.







# AUTOMOBILE LOSS NOTICE

STATE OF ALABAMA  
FINANCE DEPARTMENT  
DIVISION OF RISK MANAGEMENT  
P.O. Box 1390, 36102-1390  
Montgomery, Alabama  
(334) 223-6120, FAX 223-6282

AGY-DIV

CLAIM NO.

## COVERED DRIVER:

DEPARTMENT \_\_\_\_\_ DIVISION \_\_\_\_\_  
DRIVER'S NAME \_\_\_\_\_  
DRIVER'S ADDRESS AND PHONE \_\_\_\_\_  
DRIVER'S LICENSE NO. \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
SPECIFIC DUTY BEING PERFORMED \_\_\_\_\_  
\_\_\_\_\_  
OTHER AUTO INSURANCE? COMPANY \_\_\_\_\_ POLICY NO. \_\_\_\_\_ PHONE \_\_\_\_\_

## ACCIDENT INFORMATION:

DATE OF ACCIDENT \_\_\_\_\_ TIME \_\_\_\_\_ LOCATION \_\_\_\_\_  
\_\_\_\_\_  
GIVE CITY, STREET, HIGHWAY, COUNTY  
DESCRIBE ACCIDENT \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVERED VEHICLE:

OWNED BY: STATE \_\_\_\_\_ OTHER \_\_\_\_\_ IF OTHER, SPECIFY \_\_\_\_\_  
VEHICLE ID NO \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_  
BODY TYPE \_\_\_\_\_ TAG NO. \_\_\_\_\_ ESTIMATED AMOUNT OF DAMAGE \_\_\_\_\_  
DESCRIBE AREA DAMAGED ON VEHICLE \_\_\_\_\_  
\_\_\_\_\_

## DAMAGE TO OTHER PROPERTY:

DESCRIBE NATURE OF DAMAGE \_\_\_\_\_  
DESCRIBE VEHICLE \_\_\_\_\_ \$ \_\_\_\_\_  
MAKE MODEL YEAR BODY TYPE ESTIMATED AMOUNT OF DAMAGE

## OTHER DRIVER:

NAME \_\_\_\_\_ PHONE: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
WAS DRIVER OR PASSENGER INJURED? \_\_\_\_\_ DESCRIBE \_\_\_\_\_  
\_\_\_\_\_  
NAME OF DOCTOR OR HOSPITAL \_\_\_\_\_  
OTHER DRIVER'S INSURANCE? COMPANY \_\_\_\_\_ POLICY NO. \_\_\_\_\_ PHONE \_\_\_\_\_

(COMPLETE REVERSE SIDE)



**OCCUPANTS:**

PLEASE LIST NAMES OF ALL OCCUPANTS IN ALL VEHICLES INVOLVED IN ACCIDENT:

INSURED VEHICLE

INJURED?

OTHER VEHICLE(S)

INJURED?

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

**DIAGRAM OF ACCIDENT:**

CAR #1 COVERED DRIVER

CAR #2 OTHER DRIVER

**WITNESS INFORMATION:**

NAME

ADDRESS

TELEPHONE

**POLICE INFORMATION:**

POLICE DEPARTMENT NAME \_\_\_\_\_ CASE NO. \_\_\_\_\_

CITATIONS? YES \_\_\_\_\_ NO \_\_\_\_\_ WHO \_\_\_\_\_

WHAT \_\_\_\_\_

**PREVENTION/REMARKS:**

WHAT ACTION HAS OR WILL BE TAKEN TO PREVENT RECURRENCE?

DRIVER'S NAME \_\_\_\_\_ DRIVER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FLEET COORDINATOR'S NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TELEPHONE \_\_\_\_\_



**PROPOSAL TO FILE OR DEFEND CIVIL ACTION**  
**(Circle Appropriate Designation)**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

To: Troy King  
Attorney General

Agency: \_\_\_\_\_

Telephone: \_\_\_\_\_

Style: \_\_\_\_\_

v. \_\_\_\_\_

Court: \_\_\_\_\_

Civil Action: \_\_\_\_\_

Parties to be Represented: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Claims (including underlying facts and a description of loss, noting any substantive or procedural problems and defenses):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\* \* \* \* \*

RECOMMENDATIONS:

GARRETT: \_\_\_\_\_

MILLER: \_\_\_\_\_

\_\_\_\_\_  
TROY KING, ATTORNEY GENERAL



If any state employee is sued in his individual capacity, or if damages are sought, complete this page also.

Are defendants sued individually?      ☐ Yes    ☐ No

Is this a prisoner civil rights action?      ☐ Yes    ☐ No

Is there a 42 U.S.C. 1983 claim?      ☐ Yes    ☐ No

Are monetary damages sought?      ☐ Yes    ☐ No

Plaintiff's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Occurrence \_\_\_\_\_ Location of Occurrence \_\_\_\_\_

\_\_\_\_\_

**LIST EACH EMPLOYEE SUED INDIVIDUALLY**

Name	Department	Specific Job Classification
------	------------	-----------------------------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

Any known insurance policies: \_\_\_\_\_

Documents filed and actions taken by Agency: \_\_\_\_\_

\_\_\_\_\_

Remarks relative to coverage by Employee's Liability Trust Fund: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ALL DEPARTMENTS ARE ENCOURAGED TO USE THIS FORM TO REPORT ANY OCCURRENCE WHICH COULD RESULT IN A CLAIM BEING MADE UNDER THE GENERAL LIABILITY TRUST FUND EVEN THOUGH A SUIT HAS NOT BEEN FILED.



## PROPOSAL TO SETTLE CIVIL ACTION

Date \_\_\_\_\_

Name \_\_\_\_\_

To: Troy King  
Attorney General

Agency \_\_\_\_\_

Telephone \_\_\_\_\_

Style: \_\_\_\_\_

v. \_\_\_\_\_

Court: \_\_\_\_\_

Civil Action No.: \_\_\_\_\_

Parties to be Represented: \_\_\_\_\_

\_\_\_\_\_

Opposing Counsel (Name, Firm & Address): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Claims (Include underlying facts and a description of loss, noting any substantive or procedural problems and defenses): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relief Sought: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Settlement Terms: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Total Cost to State or Total Recovery by State in Settlement: \_\_\_\_\_

Is case covered by Employee's Liability Trust Fund? \_\_\_\_\_ Yes \_\_\_\_\_ No

Any known insurance coverage? \_\_\_\_\_

Advantages and Disadvantages to Proposed Settlement (Include financial and state interests to be served): \_\_\_\_\_

Position of Parties represented on Proposed Settlement: \_\_\_\_\_

Your Recommendations and Other Comments: \_\_\_\_\_

\*\*\*\*\*

#### RECOMMENDATIONS

GARRETT: \_\_\_\_\_

MILLER: \_\_\_\_\_

\_\_\_\_\_  
TROY KING, ATTORNEY GENERAL



**ATTORNEY WORK PRODUCT**

**CONFIDENTIAL/PRIVILEGED INFORMATION**

**GENERAL LIABILITY TRUST FUND**

**STATUS REPORT**

DATE:

STYLE:

CIVIL ACTION NO:

PARTIES YOU REPRESENT:

SUMMARY OF FACTS:

CURRENT STATUS OR POSTURE OF CASE  
AND EXPECTED COURSE OF PROCEDURES:

LIKELIHOOD OF DEFENSE SUCCESS:

(Circle one)    0-25%                      25-50%                      50-75%                      75-100%

SETTLEMENT VALUE:

VERDICT RANGE IF PLAINTIFF(S) IS (ARE) SUCCESSFUL:

YOUR RECOMMENDATION FOR FILE RESERVE:

OTHER COMMENTS:

SIGNATURE:







# EMPLOYEE ASSISTANCE PROGRAM

## SUPERVISOR'S REFERRAL FORM

Employee: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Referring Supr: \_\_\_\_\_ Office Phone: \_\_\_\_\_

County or State Office/Division: \_\_\_\_\_

Observation: (Check the reasons for warranting the referral)

### A. Absenteeism and Punctuality

1. Misses work 1 day every 2 weeks \_\_\_\_\_
2. Misses work 1 day every week \_\_\_\_\_
3. Misses work 2 or more days/week \_\_\_\_\_
4. Unusual excuses for absences \_\_\_\_\_
5. Leaves the work place without authorization \_\_\_\_\_
6. Difficult to locate at work \_\_\_\_\_
7. Extended breaks \_\_\_\_\_
8. Extended lunch periods \_\_\_\_\_
9. Early departures from work \_\_\_\_\_
10. Late arrivals at work \_\_\_\_\_

### B. Job Performance

1. Volume of work has declined \_\_\_\_\_
2. Errors of work have increased \_\_\_\_\_
3. Working patterns are erratic \_\_\_\_\_
4. Failure to meet schedules \_\_\_\_\_
5. Is forgetful of assignments \_\_\_\_\_
6. Poor concentration in performing tasks \_\_\_\_\_

### C. Communication and Relationships

1. Avoids conversations and discussions \_\_\_\_\_
2. Unable to express thoughts clearly \_\_\_\_\_
3. Is not patient with others \_\_\_\_\_
4. Is quick tempered \_\_\_\_\_
5. Unable to get along with others \_\_\_\_\_



6. Usually critical of others \_\_\_\_\_
7. Spends too much time in conversations with others \_\_\_\_\_

D. Supervision Responsiveness

1. Avoids supervisor \_\_\_\_\_
2. Unusually sensitive to advice \_\_\_\_\_
3. Does not follow recommendations \_\_\_\_\_
4. Unusually critical of supervisor \_\_\_\_\_
5. Unusually argumentative with supervisor \_\_\_\_\_

E. Job Interest and Judgement

1. Loss of interest in job \_\_\_\_\_
2. Disregard for policies, rules, procedures \_\_\_\_\_
3. Not concerned with safety of self and others \_\_\_\_\_

F. Narrative Description (if needed)

Acknowledgment: It is understood that the information above is confidential and has been compiled to assist the employee.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As the employee, my signature authorizes the release of this referral and the information herein to

\_\_\_\_\_  
(Assessment Individual)





## State of Alabama Equipment Maintenance Program Procedures

### Equipment Service Process

#### PREFERRED VENDOR PERFORMS SERVICE

- Equipment failure occurs or preventative maintenance is needed.
- Request service from preferred service provider. (For service events expected to reach or exceed \$7,500 the preliminary loss information must be reported to The Remi Group-Engineering Department prior to any service action being taken.)
- Technician services equipment and leaves a detailed service report and subsequently sends the corresponding invoice.
- Make a copy of the service report and invoice and send them to **P.O. Box 4389, Montgomery, AL 36103**. The Remi Group must receive both the **service report** and the **invoice** within ninety (90) days of the service event.
- The Remi Group receives the service report and invoice, verifies coverage, and generates a check to the service provider for the cost of the covered event within thirty (30) days.

#### IN-HOUSE STAFF PERFORMS SERVICE

- Equipment failure occurs or preventative maintenance is needed.
- In-house service staff is called to perform service. (For service events expected to reach or exceed \$7,500 the preliminary loss information must be reported to **P.O. Box 4389, Montgomery, AL 36103** prior to any service action being taken.)
- In-house staff services equipment and prepares a detailed in-house work order.
- Send a copy of the in-house work order **P.O. Box 4389, Montgomery, AL 36103**. For any part replaced costing more than \$100, a copy of the invoice for the part must accompany the in-house work order. The Remi Group must receive the work order (and invoice if applicable) within ninety (90) days.
- The Remi Group receives the work order (and invoice if applicable) and verifies coverage. Reimbursement for the cost of the covered service event will be sent within thirty (30) days.

The Remi Group provides weekly and monthly claims activity reports and claims information is available through *Remi Online* around-the-clock.

### Equipment Change Requests

#### TO ADD EQUIPMENT:

- Obtain the following information regarding each equipment item to be quoted:

- Manufacturer
- Model
- Serial Number
- Description
- Replacement value or purchase price

If the equipment is under a service contract, please send a copy of the contract to **Nancy Dodd**.

- Complete the Endorsement / Change Request form (provided) and send it to **Nancy Dodd**.
- If you decide to add the quoted equipment, send written confirmation to **Nancy Dodd** advising the effective date of coverage. The effective date can be the current date or any future date.

#### TO DELETE EQUIPMENT:

- Complete the Endorsement / Change Request form indicating the item to be deleted and the deletion date. The deletion date can be the current date or any future date.
- Send the form to **Nancy Dodd**.

#### CONTACT INFORMATION:

**Nancy Dodd**  
**Email:** [ndodd@theremigroup.com](mailto:ndodd@theremigroup.com)  
**Phone:** (334) 353-8751  
**Toll Free Fax:** 866-497-9397







## The Remi Group Endorsement Request Form

Send the Below Information to Nancy Dodd at [NDodd@theremigroup.com](mailto:NDodd@theremigroup.com)  
Or Toll Free Fax: 866-497-9397

Department Name: \_\_\_\_\_  
Requested by: \_\_\_\_\_

Agency / Sub Agency Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Item #1	Item #2	Item #3
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Quote <input type="checkbox"/> Delete  If Deleting, please check reason: <input type="checkbox"/> Equipment Obsolete <input type="checkbox"/> Placed Under Service Contract <input type="checkbox"/> Replacement of Equipment <input type="checkbox"/> Other: _____ _____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Quote <input type="checkbox"/> Delete  If Deleting, please check reason: <input type="checkbox"/> Equipment Obsolete <input type="checkbox"/> Placed Under Service Contract <input type="checkbox"/> Replacement of Equipment <input type="checkbox"/> Other: _____ _____ _____ _____	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Quote <input type="checkbox"/> Delete  If Deleting, please check reason: <input type="checkbox"/> Equipment Obsolete <input type="checkbox"/> Placed Under Service Contract <input type="checkbox"/> Replacement of Equipment <input type="checkbox"/> Other: _____ _____ _____ _____
Effective Date of Change:	Effective Date of Change:	Effective Date of Change:
Warranty Period:	Warranty Period:	Warranty Period:
Manufacturer:	Manufacturer:	Manufacturer:
Model:	Model:	Model:
Serial #:	Serial #:	Serial #:
Description:	Description:	Description:
Purchase Cost:	Purchase Cost:	Purchase Cost:
Volume Usage:	Volume Usage:	Volume Usage:
Service Vendor:	Service Vendor:	Service Vendor:
Current Service Contract Cost \$	Current Service Contract Cost \$	Current Service Contract Cost \$

Additional Information:

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**Please provide a copy of your current maintenance contract if available.**











